

**Sexuality, neurasthenia and the law:**

**Richard von Krafft-Ebing (1840 - 1902)**

**Thesis submitted for the degree of PhD at  
University College, University of London by**

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## **Abstract**

This thesis is a first biographical account of the German/Austrian psychiatrist Richard von Krafft-Ebing (1840 - 1902). It seeks to paint a more accurate picture than is so far available by bringing together new biographical data including background information on the institutional settings in which he worked. Above all, it explores the full range of Krafft-Ebing's written work and ideas over the whole period of his life. This shows Krafft-Ebing as a man of many interests and is intended to counteract our present, limited understanding of his work. Although Krafft-Ebing is, in fact, known to many, this knowledge is mainly based on the cursory reading of one book, the Psychopathia sexualis, 1886. This has led to a seriously one-sided view of Krafft-Ebing, particularly in English-speaking countries.

Part one is about Krafft-Ebing's outer life: a brief summary of known biographical data, followed by several chapters on those places where he lived and worked. Different points are highlighted according to their relevance for Krafft-Ebing's ideas: for example, chapter 2 emphasises the general atmosphere of the Illenau (one of the leading asylums at the time), which shaped his approach to psychiatry lastingly; the chapter on Graz centres around the very varied patients he treated during that period.

Part two represents an intellectual biography. Exploiting the full range of published work (see appendix), chapter 5 gives an overview over the topics Krafft-Ebing wrote on, followed by more

detailed analyses of specific areas: sexuality (including its important forensic aspect), hypnotism and neurology.

Part three - the appendix - consists of a new and complete list of Krafft-Ebing's published works containing about 550 items; the few letters by Krafft-Ebing found so far have also been transcribed and reprinted here.

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## **Acknowledgements**

It is a pleasure to thank some of the many people who have helped me during the course of my work on this thesis. First, my thanks to Bill Bynum who has been such a sympathetic and patient supervisor. Vivian Nutton gave me invaluable advice and also helped with editing suggestions, and I have taken up far too much of his time. Roy Porter has been generous and inspiring.

I am deeply grateful for the constructive criticism, time investment and friendship I experienced from the other students (and post-doctoral students) at the Wellcome Institute. I am indebted to many but most directly to Mark Micale, Alexander Zahar, Andreas Hill, Akihito Suzuki and Sue Morgan.

In researching this study, I have relied upon the resources and services of the following libraries most: the Wellcome Library, the British Museum library, the library at the *Neurologisches Institut Wien*, the University library in Basel and the excellent historical collection at the psychiatric University clinic, Basel. Thanks to all their staff for their assistance and friendliness.

My research has been made possible thanks to grants from the Wellcome Trust and the Swiss National Fund, as well as the financial generosity of my parents.

Finally, my personal votes of thanks to some of those who supported me so generously: Michael Neve, Andy Foley, Amal, Sandra, Susan and Rus, Angela, David and Carola.

Although Richard von Krafft-Ebing's name is well-known there is so far no full biographical account.<sup>1</sup> This thesis is a first attempt at one. The following introduction gives a summary of what is known about him today before giving an outline and stating the goal of my own work.

### **The image of Krafft-Ebing today**

Not only historians of medicine, historians of sexuality and many Freud scholars, but also cultural and literary historians of fin-de-siècle Vienna know of Krafft-Ebing. His name appears in many historical texts, yet there are few attempts at elaboration and on the whole the secondary literature on him is sparse. Given the repeated stress on Krafft-Ebing's professional importance, it is surprising that most general histories of medicine merely reiterate the same few facts: that he was born in 1840 and died in 1902, that he trained in Heidelberg, moved on to becoming a professor of psychiatry in Strasbourg - later at the universities of Graz and Vienna - and that he was the author of the Psychopathia sexualis (1886), the first classification of sexual disorders. Some add that Krafft-Ebing also wrote the leading psychiatric textbook of his day and that he made his name as a forensic expert. Despite the scarcity of information, Krafft-Ebing's name seems sufficiently important that even shorter overviews of the history of medicine give him a few sentences. German examples range from Julius Pagel's classic of 1915 up to more recent histories of medicine like Fischer-Homberger's

Geschichte der Medizin and Harig and Schneck's similar textbook of 1990.<sup>2</sup>

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The more specific accounts in histories of psychiatry, as well as Lesky's well-known history of Viennese medicine, are naturally more detailed.<sup>3</sup> They fall into two categories: they either choose a characteristic, abstract principle of Krafft-Ebing's thinking or they limit themselves to one of his many areas of interest.<sup>4</sup> The classical example for the former is the elaboration of the statement that Krafft-Ebing was a degenerationist thinker. There is no doubt that looking at Krafft-Ebing as a representative of degenerationist thought has proven very fruitful in many ways. Such important historians as the husband and wife-team Leibbrand-Wettley<sup>5</sup> or Lesky, amongst others, have stressed that Krafft-Ebing was the most influential German-speaking psychiatrist within the degenerationist tradition and that this theoretical model was the basis of his very categorisation of psychiatric disease.<sup>6</sup> Less successful so far has been the focus on another abstract principle allegedly useful for understanding Krafft-Ebing's work: Salvetti demonstrated Krafft-Ebing's extensive use of a particular psychopathological model, *Gefässpsychopathologie* - the attempt to explain psychological functioning by examining the physiology and pathology of vessels in the nervous tissue, especially in the brain.<sup>7</sup>

Those historians who singled out one of Krafft-Ebing's specific interests have, without exception, explored his work on sexuality. This is very understandable and fully justifiable if we are mainly concerned with the history of influences as opposed to the history of the origin of ideas. For many historians today Krafft-Ebing, after all,

made his name with the Psychopathia sexualis and it is doubtful whether he would be remembered, had he not written this particular book. The body of literature which mentions that book is vast. For the German historical literature it was again Leibbrand-Wettley who led the way in exploring Krafft-Ebing as the "father of sexology", both in an early work on the history of sexuality<sup>8</sup> and in their ambitious 2-volume project covering the complete cultural and intellectual history of the Erotic through several centuries.<sup>9</sup> Further there are a handful of articles specifically about Krafft-Ebing's work on sexual pathology.<sup>10</sup> Not surprisingly most histories of sexuality mention Krafft-Ebing for his pioneering classification. They diverge more in their value judgements than in their information.<sup>11</sup> To give two extreme examples: Brecher dedicated a whole chapter of his presentist and highly personalised history of sexuality to Krafft-Ebing, passing the judgement that

... for the history of sex research, Richard von Krafft-Ebing represented an unmitigated disaster. An untold proportion of the confusion which continues to surround the subject of sexual variation today stems directly from his writing.<sup>12</sup>

The more recent comments by Thomas Szasz are less outspokenly negative but distinctly judgmental being more concerned with what Krafft-Ebing should really have done but did not:

He was not interested in liberating men and women from the shackles of sexual prejudice or the constraints of anti-sexual legislation. On the contrary, he was interested in supplanting the waning power of the church with the waxing power of medicine. -- Yet, because he wrote about sex when polite society was silent about it, and because he wrote about it as if



it was a disease or medical problem, Krafft-Ebing has been mistaken as a progressive force in the struggle against sexual prejudice and prudery.<sup>13</sup>

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Victor Robinson, who introduced one of the English translations of the Psychopathia sexualis, saw Krafft-Ebing as an open-minded advancer of sexual freedom, declaring that he had "few of the faults and all the merits of the pioneer".<sup>14</sup> With lively imagination and a good feel for what might attract potential readers in the late 1930s, he described Krafft-Ebing's professional day as meeting one exotic sexual disorder after the next:

Through his hands, in consulting-room, clinic and law-court, passed a succession of the undersexed and the hypersexed, rapists, stranglers, rippers, stabbers, blood-sucking vampires and necrophiliacs, sadists who hurt their partners, masochists who thrilled at the sight of the whip, males in female clothes, stuff-fetishists dominated by a shoe or handkerchief, lovers of fur and velvet, slaves of scatology, defilers of statues, despoilers of children and animals, frotteurs and voyeurs, renifleurs and stercoraires, pageists and exhibitionists, paedophiliacs and gerontophiliacs, satyriasisists and nymphomaniacs, and again and again male-craving males and female-craving females, and the endless army of men who lusted after Woman in perverse ways, but had no desire for her vagina. The ability to enjoy and perform the sexual act, in the normal manner, appeared to be the most difficult of the arts.<sup>15</sup>

In each of the above, Krafft-Ebing's name is put to different use. It is obviously crucial that we remain aware of the fact that he has evoked such powerful feelings before attempting a more value-free account.

As a last point, it should be mentioned that Krafft-Ebing's name appears in several places in a more indirect and at times anecdotal way. Most importantly he knew Sigmund Freud personally and - apart from having a substantial influence on the latter's work on sexuality - he also interacted with him professionally. Earlier Freud scholars have emphasised Krafft-Ebing's allegedly hostile refutation of Freud's views. More recently and parallel to a more critical assessment of Freud's achievement, their relationship has also been seen differently and there is now more emphasis on the fact that the established Krafft-Ebing actively supported Freud's academic career and final professorship.<sup>16</sup>

As for the more anecdotal references to Krafft-Ebing: there is Laqueur<sup>17</sup> who mentions Krafft-Ebing for using the term "erogenous zones" (a point already made by Ellenberger).<sup>18</sup> Berrios credits him with coining the term *Zwangsvorstellungen* (irresistible thoughts);<sup>19</sup> and Sablik reports that the Viennese named a street after him.<sup>20</sup>

## **The sources**

This thesis is based primarily on the published works of Krafft-Ebing. Some of the articles are difficult to obtain since they are buried in obscure Austrian journals. The complete list of Krafft-Ebing's publications (in the appendix to the thesis) is designed to make them more accessible by newly providing full references.

In contrast to the vast amount of published material, I have found only a few manuscripts by Krafft-Ebing. Some of these were

recorded in the libraries of Graz and Vienna, others in German libraries (the University library of Berlin holds a central catalogue) and a few postcards are still in the possession of Krafft-Ebing's family in Graz. The letters and postcards found are reproduced in the appendix, although they do not appear to be of great historical value. To my disappointment I have not come across any autobiography (or autobiographical notes, diaries or candid correspondence), which would undoubtedly be more interesting.

In addition to manuscripts by Krafft-Ebing there are other archival sources and although I know of their existence and have seen some of them, they have not been fully exploited here. However, future research on Krafft-Ebing could well make use of two sources of unpublished material: 1) Graz University and (apparently to a lesser extent) Vienna University hold archival material which definitely sheds light on administrative aspects of his relationships to these universities (and possibly on other aspects of his work, too). 2) at the (still functioning) psychiatric hospital Feldhof in Graz (and possibly elsewhere) there exist case records of patients for the time when Krafft-Ebing was director.

The direct secondary literature has already been summarised above. Whilst relatively little work relates directly to Krafft-Ebing, there exist, of course, many historical accounts which were relevant for this thesis. Apart from books which provided a general-historical or cultural background,<sup>21</sup> there are the histories of medical teaching, which are more fully quoted in the first part of the thesis.<sup>22</sup> As in England and America, German-speaking historians of medicine, too, have over the last years produced a number of books

and doctoral dissertations on the history of the asylum, which describe the practical life in institutions similar to those in which Krafft-Ebing worked.<sup>23</sup> In addition to the more traditional history of psychiatric ideas and the inspiring social histories by Doerner, Schrenk and Blasius,<sup>24</sup> there are the histories of various Societies, which were particularly useful where they emphasise intellectual trends and tendencies (for example the reception of neurasthenia, or the increase in neurological topics in the Berlin psychiatric society).<sup>25</sup>

### **The aim of the thesis**

My thesis attempts a fuller biographical account of Krafft-Ebing's life as a general psychiatrist than those so far available. It is not a study of sexology in the 1880s that is it does not trace the history of the emergence of Germanic *Sexualwissenschaft*. As the above summary of our knowledge has already emphasised existing accounts tend either to single out one abstract principle or to emphasise Krafft-Ebing's interest in sexuality only. Yet, compiling and reading his considerable output on an impressingly broad range of topics, I thought that this kind of focus did not do him justice and resulted in his false reputation of a one-book author. I have tried to undermine this view and instead of focusing on Krafft-Ebing as an early "sexologist" I have emphasised that he was a man of many interests.

If Krafft-Ebing's work is evidence of his own reluctance to be a single-minded specialist, this same principle is also reflected in his

life. Following Krafft-Ebing through the various stations of his professional life - from his training at the University of Heidelberg and the "model-asylum" Illenau to his multiple functions in Graz and his chair in Vienna - it becomes clear that his intellectual broad-mindedness was born out of his many different experiences.

In addition to neglecting substantial parts of his work, the more usual approach seems flawed in treating (and subsequently judging) Krafft-Ebing for being someone he never intended to be: a pioneer in sexology. His supposedly seminal text of 1886 is neither original nor was it meant to be a contribution to what only later became sexology or *Sexualwissenschaft*. Historians of sexuality may well see the book as a catalyst to their field in retrospect, but for understanding the original text it is more important to explore the context in which it was written. My chapter on sexuality makes the point that this was at the time primarily a forensic context. Contrary to Wettley, who argued that he took sexuality out of the context of general psychiatry I believe that he did no such thing but thought sexuality important because it was of forensic-psychiatric relevance. On a more abstract level, the nature of the Psychopathia sexualis is explained precisely by Krafft-Ebing's other work.

Irrespective of how his classification of sexual disorders came to be interpreted later, the actual first edition of the text (a small booklet of 110 pages) is essentially a compilation of contemporary knowledge on sexuality. To do Krafft-Ebing justice, although he says in the introduction that his book is novel - inasmuch as it is the first comprehensive medical book on sexuality,<sup>26</sup> he nowhere claims that the factual content is original and new. On the contrary, he

carefully refers to a vast number of sources (many of them French) and out of the 47 case-histories only 6 are his own patients, the remainder being second-hand. In essence the book is an over-view of the literature (like the many others he had written such as his annual or bi-annual reviews of psychiatric-forensic literature or reviews on topics such as dementia paralytica).

There is an additional problem with singling out Krafft-Ebing's interest in sexuality and putting the Psychopathia sexualis centre stage: which of the 12 editions is actually meant? Many of those who discuss the book's influence - perhaps characteristically - leave open which edition they are speaking about.<sup>27</sup> This seems however important since the text changed substantially during the relevant period from 1886 until 1903, and at least for the English-speaking world only later editions had an impact (the first edition to be translated was the 7th, see appendix).

## **Chapter summary**

The first part of my thesis (chapters 1 to 4) deals with institutional and practical aspects of Krafft-Ebing's life. The second part is an intellectual biography focusing on his main interests. The appendix contains a full list of Krafft-Ebing's publications, the many different editions of the Psychopathia sexualis, and descriptions of several manuscripts.

Chapter 1 gives a survey of the important stations of Krafft-Ebing's life. After his final medical examinations in 1863, he trained for 5

years as a psychiatrist at the Illenau, a well-known mental asylum in Baden. In view of his later interest in neurological topics, it is of interest that he then tried to establish himself in private practice as a *Nervenarzt* in Baden-Baden, which came to an end when he enlisted in the Franco-Prussian war of 1870/71. In the spring of 1872 he obtained his first lectureship at the University of Strasbourg, but left Germany after a year to accept a call to the University of Graz in Austria. It is at Graz that Krafft-Ebing published his most important work and this is put into context, whilst the details of his clinical work are dealt with in chapter 3. The remainder of this short summary of Krafft-Ebing's life mentions his election to the chair of psychiatry at the University of Vienna and lastly gives a brief analysis of his personality.

Krafft-Ebing's training-period at the Illenau - from 1863 until 1869 - , was profoundly formative for his later work and significantly he called himself its disciple throughout his life. The daily life and atmosphere of this asylum has therefore been studied in detail in chapter 2. This chapter also clarifies the extent to which he remained indebted to its teaching. The legacy of the Illenau permeated Krafft-Ebing's later approach to his patients - the individual case method - and most fundamentally his *Weltanschauung*, a view of medicine as a moral rather than a strictly natural-scientific enterprise.

The years at Graz (chapter 3) were in many senses the high-point of Krafft-Ebing's career: it was the longest period he spent in any one place; he was there during his middle age. At Graz he wrote his major work and became interested in all the topics with which he

was later to be concerned. He was simultaneously involved in three very different institutions: Feldhof (a chronic asylum), the clinic in Graz hospital (a ward with more acutely ill patients) and, from 1886, Mariagrün, his own private sanatorium. This chapter examines the types of patients he treated by making use of contemporary statistics for all three institutions. These patients, of course, directly influenced his work since they represented the material on which he based his psychiatric theories. This material changed over time and I argue that the changes are the most direct reflection of how Krafft-Ebing tried to shape psychiatry. He did not simply passively accept patients, but actively selected them. Leaving Feldhof after a few years resulted in fewer chronic patients and adapting the clinic and later buying and running a private sanatorium meant choosing more acute patients suffering from hysteria and neurasthenia. These latter groups of patients were more valuable to Krafft-Ebing because he could use them better both for teaching and for publishing.

Chapter 4 is about Krafft-Ebing's time in Vienna which in many ways was less rewarding for him than the time spent in the smaller Graz. He found less time to do creative work, administrative problems were more disagreeable and he never obtained a ward for in-patients suffering from nervous disorders like the one for which he had successfully fought at Graz. On the other hand, Vienna was incomparably more prestigious than Graz and Krafft-Ebing had finally "arrived" professionally when he was elected to the chair of psychiatry there. In addition to completing the story of his professional life, this chapter is mainly about one key aspect - his involvement in the society of psychiatry and neurology of which



he became the president in 1892. His relationship with Freud is discussed.

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The second part of the thesis is about Krafft-Ebing's work. Chapter 5 gives a chronological overview of it. The working methods which allowed him to maintain such a prodigious output are discussed. Whilst the bibliography of his publications (part one of the appendix) is comprehensive, this chapter selects what I see as his most important contributions to the major topics: forensic psychiatry, sexual psychopathology, hypnotism and neurology. Lastly, I comment on the translations in various foreign languages and argue that Krafft-Ebing's reputation as the author of one book in the English-speaking world may be due to his works being translated into English only very selectively.

Krafft-Ebing's work on sexual pathology is both extensive and comparatively well-known. Chapter 6 explores two of its most important aspects: the forensic connection and the psychologisation of sexuality. Krafft-Ebing was from the start - not least due to the influence of his grandfather Mittermaier - interested in forensic psychiatry. His main motivation in taking up sexual psychopathology was clearly a forensic one. In other words, his famous classification of sexual disorders as put down in the Psychopathia sexualis (with its characteristic subtitle "a clinico-forensic study") was above all designed as a framework for discussing sexual crimes in court. This goes a long way towards explaining the nature of this classification. By choosing the important example, homosexuality, I elaborate on the legal origin of Krafft-Ebing's model and also follow the development of his

engagement in (sexual-) forensic questions. The second part of the chapter then goes on to discuss the clear signs of a "psychologisation" of sexuality in Krafft-Ebing's later work. There is a shift from understanding sexuality as a physiological phenomenon to seeing it as a psychological event. The new terminology which Krafft-Ebing introduced - with terms such as sadism and masochism - bear witness to this.

Chapter 7 is about Krafft-Ebing as one of the pioneers of hypnotism in German-speaking psychiatry. This chapter shows him as a practising therapist. The extent to which he spent time as a therapist - illustrated with a lengthy case study of his patient Ilma - may help to counterbalance our current view that psychiatry at the time was above all non-therapeutic. The main significance of hypnosis for Krafft-Ebing's general work is that it opened up a new outlook for his work on sexuality. Krafft-Ebing became interested in hypnosis in autumn 1887 and having treated the homosexual Ilma during winter 1887 and spring 1888 he quickly began to draw general conclusions and integrated his new therapeutic convictions into the later editions of the Psychopathia sexualis.

The last chapter shows that Krafft-Ebing, who is known to us as a psychiatrist, was more of a "neurologist" than is generally reported and that he wrote on a broad range of organic disorders. In particular he contributed to the "general paralysis" question, important at the time, but receiving little attention from historians subsequently. Apart from adding new factual information, the exploration of Krafft-Ebing's work on the causal link between syphilis (general paralysis) and tabes dorsalis, is also meaningful

because it touches on the broader issue of his disease model. The "general paralysis" problem was finally solved in the late 1890s (and early years of the new century) within the model of bacteriology. Although it looks at first sight as if Krafft-Ebing subscribed to modern bacteriological thinking - he argued successfully using inoculation experiments conducted on syphilitic patients - a closer analysis reveals the extent to which he remained rooted in a more traditional disease model - and gives the likely reasons for this. In addition to dealing with organic conditions affecting the nervous system including peripheral nerves, Krafft-Ebing was also interested in nerves in a more "abstract" sense: he treated neurasthenic (or nervous) patients and he also wrote on hysteria. Chapter 3 has already described the outer setting in which he did so. Chapter 8 raises the question of his relationship with other psychiatrists-cum-neurologists at the time as well as fundamental questions about the boundaries of psychiatry and neurology.

1 The fullest biographical accounts remain the contemporary obituaries and speeches of which the most important ones are by Schüle (1903), Fuchs (1902; 1903 and 1924) and Wagner-Jauregg (1903; 1908). (See chapter 1).

2 Pagel (1915) p 542. Georg Harig/ Peter Schneck (1990) p 209. Fischer-Homberger (1977) - always inspiring and original - stressed in her only sentence on Krafft-Ebing that the Psychopathia sexualis bore the subtitle "a clinical-forensic study", thus putting the book rightly into its forensic context (p 184). Erwin Ackerknecht, on the other hand, did not mention Krafft-Ebing expressly in his Kurze Geschichte der Medizin (1979), 4th ed. Stuttgart (Enke) (he did mention him in his Kurze Geschichte der Psychiatrie (1967)).

For the Anglo-Saxon literature: Garrison (1929) pp 648; 701, mentioned Krafft-Ebing as the author of the best German work on forensic psychiatry as well as for being a scientific student of sexology.

3 Lesky (1965).

4 An admirable exception to this rule is Ellenberger (1970), who follows Leibbrand-Wettley in their analysis of Krafft-Ebing as a degenerationist, but who also adds several original facets to Krafft-Ebing including his work on hypnotism (e.g. pp 88; 267).

5 Wettley (1959a) and (1959b)); Leibbrand-Wettley (1972).

6 Some references on Krafft-Ebing as a degenerationist are:

Lesky (1965) pp 385-86; Lesky refers to Leibbrand-Wettley. Ackerknecht (1967), p 55.

Bynum (1983) p 35 and idem (1984) pp 61-62.

Hermle (1986) pp 73-74; Hermle quotes Bumke for saying the 1880s and 1890s were dominated by the *Entartungstheoretiker* Krafft-Ebing (referring to Otto Bumke's famous critic of degeneration of 1912: Ueber nervöse Entartung. Monographien aus dem Gesamtgebiet der Neurologie und Psychiatrie. Berlin (Springer).

Pick (1989), who concentrates on the French scene, also mentions Krafft-Ebing in passing: pp 8; 20; 167.

The literature on degeneration generally is vast. See for example on Morel (as the "father of degeneration"): Burgener (1964), Friedländer (1973) and the classic work by Genil-Perrin (1913). More recently and more generally: Mann (1985) and Dowbiggin (1985), including bibliography.

7 Salvetti (1984).

8 Wettley (1959a).

9 Leibbrand-Wettley (1972).

10 Johnson: two similar English articles published in 1973, Burg (1982) on necrophilia and Kupferschmidt (1987).

11 See one of the first histories of sexuality: (von) Schrenck-Notzing (1898-90); further, Foucault (1978), Gay (1984/86), Davidson (1987), (von) Engelhardt (1978), Haeberle (1983), Hofweber (1969), Holl (1986), Lanteri-Laura (1979), Mosse (1985), Neumann (1974), Nye (1989), Robinson (1970, 1976), Szasz (1980), Tannahill (1980), Wawerzonnek (1984), Weeks (1977; 1989), Brecher (1969), Bullough (1976, 1977), Gilman (1985).

Phayer (1977) curiously does not mention Krafft-Ebing (although we would expect so from the title) nor do Greer (1984) and Trudgill (1976), whose books focus however on the English scene.

Less specifically, see Tschirch (1971) on prostitution or Zeisig (1967) from an interesting and relevant cultural angle. Lastly, Ranke-Heinemann's cultural-theological (and anti-clerical) history of (1988).

12 Brecher (1969) p 56.

13 Szasz (1980) p 20.

14 Krafft-Ebing (1939) Psychopathia sexualis... author. adaptation by F.J. Rebman of the last German ed. rev. by Krafft-Ebing with introduction and supplement by V. Robinson. (See also appendix). p vi.

15 Ibid. pp vi-vii.

16 See Gay (1988) pp 136-37 and the literature quoted there; also Eissler (1966) p 179. See also chapter 4.

17 Laqueur (1990) p 236.

18 Ellenberger (1970) p 298 (who also added that the first mention of the term was in 1881 by Chambard, a pupil of Charcot).

19 The concept of *Zwangsvorstellungen* led to that of "obsessional disorders"; Berrios (1985) p 168.

20 Sablik (1978).

21 Fossel (1885) on the general medical customs of Styria; Fuchs (1949) and Zweig (1942) with personal memoirs, and Johnston (1972), Morton (1979/80) and Schorske (1980) on Vienna in the fin-de-siècle.

22 Craig (1984) on Strasbourg, Eggmaier (1980) on Graz, Nauck (1956) on Freiburg (where Krafft-Ebing partly trained and later had contacts with), and the standard background works by McClelland (1980) and Fulner (1970).

23 The general (but not recent) bibliography on the history of asylums by Spiske (1975); on particular institutions: Ahlborn (1983), Grosshauser (1973), Kämpfer (1970), Kastner-Filla (1977), Wyklicky and Skopec (1984).

For the background story of asylums and individual institutions, see Jetter (1966, 1971, 1981, 1982) and Murken (1979).

24 Doerner (1981), Schrenk (1967) and (1973), Blasius (1980), Bodamer (1948) and (1953), Degwitz (1985), Janzarik (1974, 1979), Kindt (1980), Steiner (1964), Schmidt, C. (1973), Schmitt (1983) and Winker (1970).

25 Especially impressive: Schmiedebach (1986) on the beginnings of the important medico-psychological society in Berlin; Feger (1982) on the same society from 1889 -1920; Herold (1972); less historically useful: Degwitz (1985), Ehrhardt (1972), Spitzky (1987/88).

26 This claim of Krafft-Ebing is arguably justified, although there existed an earlier book by one Henrico Kaan, which was curiously also called Psychopathia sexualis (1844). Krafft-Ebing may not have known of its existence - at least he does not quote it anywhere. Wettley has rightly pointed out that this earlier Latin version was very different and much more limited in its scope (focusing almost exclusively on masturbation) from Krafft-Ebing's book. She nevertheless saw it as a precursor. Wettley (1959a) pp 10-14.

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As a second example (but this one is quoted by Krafft-Ebing) there was Tarnovsky's study of 1886.

<sup>27</sup> Gay (1988) p 143n, for example, implies that he is speaking of Latin passages in the first edition, but quotes from the 11th edition. (There is, in fact, hardly any Latin in the first edition). Tannahill (1980) p 382 quotes the book's date as 1886 but then refers to sadism and masochism exclusively (which were introduced later, see chapter 6). Brecher (1969) pp 50-60 only used the English translations and shows no awareness that the book underwent changes.

Richard von Krafft-Ebing was born in Mannheim, in the Grand Duchy of Baden in South Germany on 14 August 1840. He died in Graz, Austria, on 22 December 1902. He was the oldest son of Friedrich Carl Conrad von Krafft-Ebing (28. 5. 1807 - 28. 3. 1889), a higher district administrator, who had studied law at Heidelberg, and his wife Clara Antonia Mittermaier (27. 12. 1820 - 9. 7. 1855). On the paternal side the Catholic family was of the Austrian aristocracy and Richard von Krafft-Ebing's title was *Freiherr* from birth.<sup>2</sup> His mother was a daughter of the famous legal reformer and professor of law at Heidelberg, Carl Joseph Anton Mittermaier (1787-1867). Archives supply the names and birthdates of his three younger siblings<sup>3</sup> - but little else about Krafft-Ebing's youth, and nothing about the family atmosphere. The family moved away from Mannheim, probably around 1842, and later settled in Eberbach, a small town close to Heidelberg, where Krafft-Ebing's father was a higher district administrator of Baden (*höherer Amtmann*).<sup>4</sup> Krafft-Ebing himself is mentioned as attending the local school (*Höhere Bürgerschule*) in 1848, but he then seems to have moved to Heidelberg, most probably around the age of 10 or 12, and lived in the house of his grandfather Mittermaier, which has been described by Schüle as a "centre point of life in Heidelberg" and as putting him into a "mentally stimulating atmosphere."<sup>5</sup> Mittermaier was probably the single most important influence on Krafft-Ebing: he not only influenced him in the direction of legal psychiatry, but also paved the way for Krafft-Ebing's first professional posts and his first publications. One reason for this move was that there was no *Gymnasium* education possible in Eberbach. It is also known that

in this period Richard's mother died when he was only 14 (and his father married her older sister Luise Katharine Mittermaier), but again we do not know how this affected the boy.<sup>6</sup>

### **Medical studies: 1858-1863**

Richard von Krafft-Ebing took up his medical studies in October 1858 and spent the following nine semesters (half yearly terms) at Heidelberg University, completing his course in late April or early May 1863.<sup>7</sup> At the time the official permission to practise as a doctor, called a *Lizenz.*, was given by the Ministry of the Interior. By contrast the granting of the actual doctoral degree was in the hands of the medical faculty and required an extra oral and written examination, a written dissertation, as well as a substantial amount of money. Many students did not bother with this degree since it carried little advantage unless a university career was aspired to.<sup>8</sup> Krafft-Ebing was awarded his *Promotion* on 8 August 1863 having passed his oral examination *summa cum laude* the day before. He submitted his dissertation on the topic of sensory deliria in December 1863.<sup>9</sup>

Krafft-Ebing left no memoirs such as an autobiography, but thanks to Stübler and, more recently, Tuchman, we have a picture of the medical faculty at Heidelberg. This can be supplemented by some personal impressions by Heinrich Schüle, who had been Krafft-Ebing's best friend ever since their student days where they had met over the first medical exam. Between the final examinations in May 1863 and the *Promotion* in August, Krafft-Ebing spent some



time in Switzerland. The main reason for his stay was a bout of fever (possibly typhoid), which he had acquired during his medical training on the internal-medical wards of Nikolaus Friedreich (1825-1882). He seems to have been quite ill - he later used his personal experience of hallucinations in his dissertation<sup>10</sup> - but he recovered fully and took the opportunity to listen to Wilhelm Griesinger's lectures in Zurich. He was not officially registered as a student there<sup>11</sup> and this must have been an informal arrangement, quite common at a time when medical lectures, even those with demonstrations of patients, were less closed to the public than today. During that term Griesinger was covering the nervous system in his lectures on special pathology and therapy, and he also gave clinical lectures on mental illness,<sup>12</sup> the latter almost certainly with practical demonstrations of patients at the Burghölzli. Later Krafft-Ebing mentioned in his medical dissertation that he got to know a patient of the local asylum during his stay at Zurich.<sup>13</sup>

In July of 1863 he wrote to Schüle, informing him of his decision to take up psychiatry as a speciality. According to Schüle he said that this was due to the impression Griesinger had made on him - a reason which may represent a later interpretation of Schüle.<sup>14</sup> Wilhelm Griesinger was probably the single most influential psychiatrist within the German-speaking community at the time, especially after his election to the psychiatric chair at the University of Berlin in 1864.<sup>15</sup> However, it was unusual for any bright and promising student of medicine to choose psychiatry at a time when the subject had such a low status and - as we know from Schüle - was chosen by "hardly any of the younger doctors."<sup>16</sup> In Krafft-Ebing's case I believe the choice may have been due to the

influence of his grandfather Mittermaier. Mittermaier published extensively and one of his favourite topics was forensic psychiatry.<sup>17</sup> It was this legal aspect of psychiatry which attracted Krafft-Ebing from the start.

### **At the Illenau from 1863-1869**

Once Krafft-Ebing had made his decision to take up psychiatry, he applied for a post at the Illenau, the best-known psychiatric asylum of South Germany, where Schüle was already working. Krafft-Ebing obtained the post probably through family connections: his grandfather Mittermaier was a good friend of the medical director C.R.W. Roller. Krafft-Ebing started first as a volunteer, staying for three months from 1 September to 1 December 1863; after an interval he was appointed for five years as a junior doctor (21 May 1864 - spring 1869).<sup>18</sup> Krafft-Ebing used this first psychiatric experience gained as an unpaid junior doctor for his medical dissertation on sensory deliria, which he completed by the end of November 1863.<sup>19</sup>

Between December 1863 and May 1864, when he entered the established post of a junior doctor at the Illenau, Krafft-Ebing undertook a typical *Studienreise* and spent some time in Berlin and in Vienna, possibly also in Prague.<sup>20</sup> Together at the Illenau Krafft-Ebing and Schüle threw themselves into the study of psychiatry with much enthusiasm.

Thanks to Schüle we have a list of the books, which impressed and influenced them.<sup>21</sup> Those are: Griesinger's Pathologie und Therapie der psychischen Krankheiten in its first edition of 1845, Jacobi's books, J. Spielmann's Diagnostik der Geisteskranken (1855), Pinel and Esquirol, Wilhelm Wundt's Vorlesungen über die Menschen und Thierseele and Gustav Theodor Fechner's Elemente der Psychophysik, 1860, (which inspired them to make experiments). Above all Krafft-Ebing was apparently impressed by Morel (both for his ideas on the importance of vessels and his concepts of disposition and degeneration) and Darwin, who was then becoming very popular.

From the beginning of his career Krafft-Ebing was keen to publish, and he was to keep up a steady and impressive flow of publications all through his life. During his Illenau period he wrote many book reviews, in 1867, for example, publishing 14, mainly in two journals. The first was the Allgemeine Zeitschrift für Psychiatrie, the general psychiatric journal of the time, co-edited by C.R.W. Roller. The second was a medico-legal journal called Friedreichs Blätter für gerichtliche Medizin. Here it was probably Mittermaier who paved the way for his grandson: he had close connections with the editors and wrote personally in the journal until he died in 1867. From 1866 Krafft-Ebing was in charge of a part of the annual book review of the whole of psychiatric literature published in this medico-legal journal: he reviewed the section on forensic psychiatry. When Friedreichs Blätter discontinued its annual review in 1880 - a major enterprise then taken over by the Allgemeine Zeitschrift für Psychiatrie - it was again Krafft-Ebing who dealt with forensic psychiatry. Krafft-Ebing, in other words, not only knew all the recent

work on forensic psychiatry, but also shaped his colleagues' opinions for several decades since there was only one systematised book review of psychiatry at the time. During the years at the Illenau he also started to write monographs on various topics as well as legal reports.

Krafft-Ebing left his first job at the Illenau in spring 1869 and moved to Baden-Baden, where he set up his own office as a specialist for nervous disorders (*praktischer Nervenarzt*).<sup>22</sup> Judging from his case reports, this was an activity that had much more to do with organic nervous lesions than with anything we might call "psychiatry" today.<sup>23</sup> His practice is described by the local M.O.H. (*Bezirksarzt*) of Baden in his annual report of 1869 in the following words:

Dr von Krafft-Ebing, formerly employed at the Illenau, occupies himself with electrotherapy, owns good machines (direct current) and is an ambitious man thoroughly educated in the sciences; he furthermore takes a great interest in forensic medicine and psychiatry and hopes one day to lecture on these subjects at a university.<sup>24</sup>

However, for several months Krafft-Ebing spent more time looking after his younger brother, who had fallen seriously ill, than building up his practice.<sup>25</sup> In autumn 1869 he left for a journey to Italy, which apparently turned into a *Studienreise*,<sup>26</sup> but we do not know which asylums exactly he visited, whether he met Lombroso, then at Pavia, whose writings he certainly knew and by whom he was influenced, although he did not fully adopt Lombroso's statistical approach.<sup>27</sup> On his return to Baden-Baden his activity as a practical doctor was again interrupted for some months because of the Franco-Prussian war of 1870/71. Krafft-Ebing was called into the

army with the rank of major on 20 June 1870 and put in charge of a medical service station to the Prussian troops situated in Rastatt, a military camp.<sup>28</sup> As a physician he looked after 600 soldiers suffering from what was at the time called *typhus abdominalis* (abdominal typhoid), a disease with high fevers and a high mortality rate, at least under the prevailing conditions; these war experiences were published in a monograph of 1871.<sup>29</sup> He was honoured with a *Ritterkreuz (II Klasse des Ordens vom Zähringer Löwen)* on 1 of April 1871 and was discharged from his military service on 6 June 1871.<sup>30</sup> In gratitude for his services to Prussia Krafft-Ebing was appointed to a clinic devoted to electrotherapy in Baden where he worked from the summer of 1871. The patients suffered mostly from peripheral neurological lesions (that is, organic conditions). Krafft-Ebing published on his activity in that clinic and in a paper of 1871 described five soldiers suffering from paralysis of their arm-nerves after the prolonged use of crutches.<sup>31</sup>

The breadth of topics tackled in his list of publications from 1868 to 1871, as well as its sheer length, suggests that Krafft-Ebing was still hoping to leave private practice and begin an academic career. Germany, however, had only just created her first university chairs for psychiatry, asylums provided few posts and few of them offered any prospect - in fact, the Illenau was probably the best - so Krafft-Ebing's decision to settle in Baden may well have been born of necessity rather than choice. By 1871 he had, however, published several forensic reports as well as a few monographs and he also seems to have established useful contacts such as with Franz von Holtzendorff, then a professor of law at Berlin, to whose Rechtslexikon (legal dictionary) he contributed.<sup>32</sup> Helped by his

distinguished performance during the war, Krafft-Ebing started to look for an academic post which would give him some prospects.

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### **The first academic post: Strasbourg in 1872**

At first Krafft-Ebing approached the University of Leipzig, where Carl Wunderlich, dean of the medical faculty, was willing to appoint him.<sup>33</sup> Whilst waiting for the final decision to be made by the professorial committee, Krafft-Ebing was offered the post of extraordinary professor of psychiatry at Strasbourg University. This old university in Alsace had just fallen to Prussia as a result of the Franco Prussian war.<sup>34</sup> The Prussian Prime Minister Bismarck, with the help of his Minister of Education von Roggenbach, then tried to turn Strasbourg into a model German university, imposing the new German *Wissenschaft* on the conquered French territory. It appears that von Roggenbach, in fact, created this position, which had originally not been planned.<sup>35</sup> The formal opening of Strasbourg University on 1 May 1872 was a great nationalistic event for Prussia and Krafft-Ebing took part when he officially opened his small psychiatric clinic with a speech on 17 May.<sup>36</sup> For Krafft-Ebing personally it was a significant step forward in his career in spite of the fact that the position was actually rather modest: the so-called clinic consisted of only 4 beds and the status of the post was only that of *Extraordinarius*.<sup>37</sup> This may have been one of his reasons for leaving Strasbourg after one year. The fact that he left that soon, requires some explanation because it was "unusual".<sup>38</sup> The general consent of the newly appointed professors was that 'Strasbourg' was a highly nationalistic enterprise and other professors

accordingly turned down appointments offered to them elsewhere. Krafft-Ebing was the first to leave, and although his chair was relatively insignificant, his decision would not have gone down well with his colleagues. His deeper-rooted reason may have been that he as a South German Catholic did not agree with such an explicitly Prussian program.

His tasks in Strasbourg were twofold - lecturing and treating patients. During the first term of 1872 (the *Sommersemester*) for example he delivered two courses of lectures (4 hours per week) on general psychiatry with clinical demonstrations and one on criminal psychology (1 hour per week).<sup>39</sup> Krafft-Ebing was an enthusiastic teacher who managed to convey his enthusiasm to his students, whose numbers quickly increased. He did so despite difficult circumstances, above all the fact that with only 4 beds he had to rely on other wards in order to demonstrate any patients at all. As psychiatry was an extracurricular subject, students were difficult to attract and more likely to attend when the teaching was of a "modern" format, that is when patients could be shown. Krafft-Ebing used to take his students to both the Illenau and to Stephansfeld, a nearby provincial asylum, where Pelman would show him his patients.<sup>40</sup> Besides his teaching he carried on publishing mainly on forensic topics. The most important works are two monographs which he later put together and published, updated and enlarged, as his forensic textbook. The first of these monographs of 1872 dealt with the criminal law, the second of 1873 with civil law. Both put down some principles of the psychological approach towards offenders for medical experts and lawyers.<sup>41</sup>

Krafft-Ebing left Strasbourg for Graz in May 1873 and stayed for sixteen fruitful years until his election as extraordinary professor of psychiatry and neurology in Vienna in 1889. He seems to have been very happy in Graz and later in Vienna, in spite of his relatively higher status there, he always longed for the beautiful and healthy surroundings of Graz. It was also during his time at Graz that Krafft-Ebing married and started a family. His wife Luise (1846-19.3.1903), whom he met over musical evenings - he played the piano and she sang, - was from Baden-Baden, daughter of the main district forest officer Josef Kissling and his wife Christine Runz. They were married in Karlsruhe (Baden) on 16 Dec 1874. They had two sons, Friedrich Josef (31.7.1876) and Johann Nepomuk Richard (21.5.1880), and one daughter Margarethe Mathilde Maximiliana (18.6.1882).<sup>42</sup> Very little is known about Krafft-Ebing's personal life apart from the fact that he was a competent pianist - a hobby he later sacrificed to his work. He appears to have been a good and dedicated family man and father, stern, rigid, "Victorian" but also warm and good-humoured, at least if his style of talking to children as described in his "hypnotic experiments" is anything to go by. Marion Krafft-Ebing, the daughter of Krafft-Ebing's second son Johann (called Hans) remembered how warmly her father always spoke of his father.<sup>43</sup> In particular - and in view of his later preoccupation with the sexual life of his patients - there are no indications whatsoever that Krafft-Ebing was anything but a faithful husband.



Krafft-Ebing's professional activities were manifold and it was here at Graz that he made his reputation as one of the leading German-speaking psychiatrists of his day. Not only did he hold down an academic post involving regular lecturing and publishing steadily in large quantities, but he also had different clinical functions.<sup>44</sup> In essence, he was in charge of a large number of patients hospitalised in different institutions. From 1873 to 1880 he was medical director at Feldhof, a newly built provincial asylum of about 300 beds. This position was linked to the professorship (of psychiatry) at Graz University.<sup>45</sup> In order to facilitate teaching - for which acute patients were needed - he was given a clinical ward within the general hospital. This ward of 24 beds was officially opened by him on 22 May 1874;<sup>46</sup> he stayed in charge until he left Graz in 1889. Lastly, Krafft-Ebing became involved in a third and very different institution, his private sanatorium Mariagrün, founded in 1886 and kept on when he moved to Vienna three years later. (It was then run by the two directors and former assistants of Krafft-Ebing: Hugo Gugl and Anton Stichl). In addition to his hospitalised patients, Krafft-Ebing treated out-patients.

### Publications

It was at Graz that Krafft-Ebing produced his most original published work. Later, at Vienna, he elaborated ideas formed in Graz, and a significant number of his publications from this later period would be re-editions of earlier work.

There are three books which require specific notice in this general summary: the forensic textbook (1875), the general textbook of psychiatry (1879/80) and the Psychopathia sexualis (1886). The forensic textbook - Lehrbuch der gerichtlichen Psychopathologie mit Berücksichtigung der Gesetzgebung von Oesterreich, Deutschland und Frankreich (Textbook of forensic psychopathology with reference to the legal codes of Austria, Germany and France) - is important for two reasons. First, it characterises Krafft-Ebing's specific interest best; secondly, it was the first textbook of the legal aspects of psychiatry. It was the culmination of Krafft-Ebing's long standing interest in legal questions. Motivated by his early contact with jurisprudence in Mittermaier's circles, Krafft-Ebing had for many years been specifically involved in these questions and was by the 1870s on his way to becoming the leading forensic-psychiatric expert for the German-speaking community. He regularly acted as an expert medical adviser by writing forensic-psychiatric reports. Even before the publication of the forensic textbook, Krafft-Ebing had begun to systematise his views in various articles covering specific legal aspects. He wrote on questions such as criminal actions under the influence of alcohol (1872), the legal responsibility of hysterical patients (1872), the self-accusations of the mentally ill (1873), and on the validity of legal testimony in different psychopathological conditions (1874).<sup>47</sup> In particular, Krafft-Ebing had written two substantial monographs, which became the basis of his forensic textbook. These are on the principles of criminal psychology (1872) and an essay on dubious mental states in civil law (1873).<sup>48</sup>

Krafft-Ebing's second textbook covered the whole range of clinical psychiatry in three volumes: Lehrbuch der Psychiatrie auf klinischer Grundlage für Aerzte und Studierende (1879-80). This book also had a significant impact on German-speaking psychiatry. It went through seven editions during Krafft-Ebing's lifetime, was translated into several languages including French, English, Italian and Hungarian, and indeed became the leading standard textbook for many years until it was replaced by that of Emil Kraepelin. One of its most remarkable features is the number of case-histories collected in volume 3 (159 cases in the first edition, later less).

In addition he was also an active contributor to journals, writing not only several articles per year, but continuing to produce the annual reviews of the forensic-psychiatric literature. Most important, and a sure sign of his high status in the field, was his position on the editorial boards of such journals as the Allgemeine Zeitschrift für Psychiatrie (from 1879) and the Jahrbücher für Psychiatrie (from 1887).

### **Vienna: 1889 - 1902**

In 1889 Krafft-Ebing was invited to succeed Max Leidesdorf, who had died on 9 October 1889 in Vienna. Leidesdorf, who "during the last years of his life thought and talked exclusively of Krafft-Ebing as his successor",<sup>49</sup> had been severely ill, having suffered a heart attack in the winter term of 1887/88. He had been replaced as a lecturer by Julius von Wagner-Jauregg in a so-called 'interregnum' position for four terms i.e. from autumn 1887 to autumn 1889.<sup>50</sup>

After the death of Leidesdorf, the final decision for the chair fell on Krafft-Ebing, who took over as his successor from winter term 1889, and Wagner-Jauregg, the younger and less experienced man, was elected to Krafft-Ebing's former position at Graz. Wagner-Jauregg was to follow in Krafft-Ebing's footsteps again in 1892, when Meynert died, and lastly in 1902, after Krafft-Ebing's retirement.

The organisation of Psychiatry in the University of Vienna was complex.<sup>51</sup> It was the only university with two parallel chairs of psychiatry, each with its own patients' ward. The relevant institutions were the *Niederösterreichische Landesirrenanstalt* (provincial asylum of lower Austria) an institution with mainly chronic patients and about 150 beds (in 1889). This was connected with the 'Leidesdorf' chair and has also been called Vienna I or first psychiatric clinic. Vienna II consisted of the other chair, held by Theodor Meynert till his death in 1892, and was connected to a much smaller ward of about 40 to 70 beds situated within the general hospital of Vienna (in German usually referred to as *Abteilung im allgemeinen Krankenhaus*). Vienna II was seen as the more desirable position. Its higher academic status was intrinsically linked to the availability of more "interesting" patients for teaching purposes. Due to different admission procedures - Vienna II was a medical hospital, whereas Vienna I was a psychiatric asylum -, patient turnover was high, their diseases were of a more acute nature, there were more treatable neurological disorders and consequently the duties of the professor were more medical and less administrative than those of his counterpart at Vienna I. Krafft-Ebing was first elected to Vienna I in 1889 and three years later to Vienna II, which means that he was first running a provincial

asylum-type hospital with a lot of administrative tasks and chronic patients, and only later (1892) a university type clinic.

Krafft-Ebing, delivered his inaugural lecture at Vienna I on 21 October 1889. It was entitled: "Die Entwicklung und Bedeutung der Psychiatrie als klinischer Wissenschaft " (The Development and Significance of Psychiatry as a Clinical Science).<sup>52</sup> As well as his clinical activity in the provincial asylum (Vienna I), Krafft-Ebing was also involved in the Viennese Psychiatric Society, which was to take up a lot of his time especially when he became its President after Meynert's death in 1892. This society played a key role in the psychiatric life of Austria as a whole.<sup>53</sup> Unlike Meynert who was querulous and difficult, Krafft-Ebing was a pleasant and diplomatic chairman and the society flourished.<sup>54</sup> His reign changed not only the society's atmosphere, but its scientific outlook. Originally called the *Verein für Psychiatrie und forensische Psychologie* (Society for Psychiatry and Forensic Psychology) Krafft-Ebing in 1894 had the name changed to *Verein für Psychiatrie und Neurologie* (Society for Psychiatry and Neurology).<sup>55</sup> This change of name was characteristic of Krafft-Ebing's views on what psychiatry should be all about and it was seen as a step in one particular direction, namely toward the integration of clinical neurology with psychiatry - a point of debate at the time.

Although Krafft-Ebing continued to write several articles and forensic reports every year, he probably spent most of his time in re-editing the three books he had written at Graz: the forensic textbook (1875), the general textbook (1879/80) and above all his classification of sexual disorders of 1886. All three books proved to

be in high demand and were re-published regularly, usually in a revised, enlarged and updated form. The latter is particularly true for the Psychopathia sexualis, which changed significantly both formally and in content over the years. In addition to the books, he published a collection of earlier articles in four volumes (1897-99): Arbeiten aus dem Gesamtgebiet der Psychiatrie und Neuropathologie (Works in psychiatry and neuropathology). In this he followed the example of Paul Möbius, who had published his former neurological papers in five volumes a few years earlier, and to whom Krafft-Ebing referred in his preface.<sup>56</sup> This type of "selected works" was at the time a standard enterprise of established professors: Theodor Meynert, for example, had done the same in 1892.<sup>57</sup> It was an attempt to make accessible earlier works, which were often buried in obscure journals and difficult to obtain. But such collections also seem to have served as ammunition in priority disputes. In Krafft-Ebing's case, this was certainly true for his concept of *Zwangsvorstellung* (obsessional thoughts). He gave credit to Carl Westphal for putting the term into a clinical context in 1877 but stressed the fact that he himself had already coined the term "obsessional thoughts" in 1867.<sup>58</sup>

This reworking of earlier ideas may reflect Krafft-Ebing's advanced years - he was forty nine when he moved to Vienna - and circumstances in Vienna may have contributed to a relative lack of original ideas. The general impression of Vienna as a dynamic centre of psychiatry requires some modification here. Krafft-Ebing, certainly, hated many aspects of the professional climate of Vienna and felt engaged in an uphill struggle for many years. In a letter

dated 26 Feb 1894 to a friend (unidentified) he expressed his frustration with Vienna in the following words:

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I merely told him ... that I am thoroughly sick of Vienna with her smut, dust, wind and lack of walks for me and my family, with her miserable clinic that sneers at any feeling of humanity and the bureaucratic spirit that dominates the hospital, not to forget the judaism which one meets everywhere.<sup>59</sup>

Krafft-Ebing was, for a start, overburdened with work, moreover with work he did not experience as fruitful. He had many administrative duties, in particular during the first few years when he was in charge of Vienna I with its 150 beds of chronic patients. University teaching, Krafft-Ebing's ultimate goal, was difficult, not only because of lack of finance, but even more because of a lack of enthusiasm for the subject. Psychiatry, not yet a compulsory subject within the medical curriculum, was still some way from being a fully respected discipline.<sup>60</sup> Thus professors were compelled to make their lectures attractive by other means, mainly by being able to find interesting patients for demonstration. Personal intrigues and border skirmishes with other disciplines such as neurology added to the difficulties. Krafft-Ebing worked towards changing both administrative structures and psychiatric teaching practice and he published articles on these in Vienna.<sup>61</sup>

In terms of status and external recognition, however, Krafft-Ebing had truly "made it" by becoming a professor at Vienna University. He was widely known and praised as one of the leading names in psychiatry internationally. One sign of his professional importance was the fact that he was allocated to speak in the plenary session of the international congress of medicine, held at Moscow in 1897. His

topic was the much debated subject of syphilis and its causal link with general paralysis and his contribution - (arguing for a causality) - became influential.<sup>62</sup>

Given his success, it is remarkable how few enemies he had. On the whole he appears to have been widely respected. Everybody agreed that he was a hard-working man, but he was also praised for such qualities as good breeding, good manners, respect for others, diplomacy and politeness. His obituaries mostly stress his "truly aristocratic" character and strong sense of duty. These obituaries - written by his close friends such as Schüle or pupils such as Fuchs - are of course painting a one-sided picture, but there are also more objective indications: his style in talking to his patients was exceptionally tolerant and patient, if at times very patriarchal.<sup>63</sup> In dealing with difficult and spoilt private patients, such as the Duke Paul of Mecklenburg, whom he visited at home on 19 May 1887, Krafft-Ebing's manners and diplomatic style were impeccable.<sup>64</sup> Unlike many others in Vienna, then a nest of intrigues, Krafft-Ebing never indulged in personal polemic. Those who did not like him accused him of being stiff and uncreatively formal; for example Kraepelin, who thought it typical of Krafft-Ebing's dullness that he always met his publisher's deadlines.<sup>65</sup> Kraepelin was an admirer of Meynert (and enchanted by the beauty of Meynert's daughter <sup>66</sup>) but, at a more serious level, his psychiatric programme was also very different from that of Krafft-Ebing - he may very well have been biased.

There was one outspoken "enemy" of Krafft-Ebing - Moriz Benedikt, who was professor of electrotherapy at Vienna and a notoriously



difficult character. He clashed professionally with Krafft-Ebing over forensic issues, hypnotism, and Lombrosian craniometry.<sup>67</sup>

Embittered by what he experienced as an undeserved lack of reputation and status within Viennese society, Benedikt levelled one of his many polemics against Krafft-Ebing personally. In his book on hypnotism and suggestion of 1894 he included a "psychological equation of Mr Krafft-Ebing", which reads like a tirade of hatred and professional envy.<sup>68</sup> But it is interesting in our context, because it may well contain a grain of truth. Krafft-Ebing, we learn, is an "untiring collector who has acquired the false reputation of an expert". He has a "fine instinct for worldly success" which allows him to "latch onto modern keywords such as neurasthenia, moral insanity, hypnotism, moral treatment, sexual perversity etc. without getting through to their real essence". Although endowed with a certain "journalistic talent", he has remained a dilettante.<sup>69</sup>

Others thought Krafft-Ebing to be "too showy" in his lectures, trying to attract a non-medical audience: Erwin Stransky, a later pupil of Wagner-Jauregg, for example, said that by mere chance he attended the latter's lectures and not Krafft-Ebing's, which were:

... particularly glamorous, mostly highly sensational, and heavily visited by laymen, especially journalists .... <the lectures> resembled more a theatre performance than clinical demonstrations.<sup>70</sup>

Above all Krafft-Ebing's interests in sexuality and hypnotism led to attacks.<sup>71</sup>

In 1902 Krafft-Ebing retired from the Vienna chair, a plan he had had for many years and certainly since 1894 when he had written to a friend:

My plan is and was - having been an academic teacher for 50 terms - to retire to Salzburg, for example, to live for my family, nature, my scientific hobbies, and to exploit further my heaped-up treasures (approximately 1500 case notes!). There is nothing to be hoped for in the clinics in Vienna for the next 10 years. There is not only a lack of money, but a lack of other things, too.<sup>72</sup>

It seems that there were at least two reasons prompting him to retire at the relatively early age of 62: first, his general frustration with the situation in Vienna, and second, his deteriorating health. For several years before his retirement, he had shown symptoms of arteriosclerosis, which apparently did not affect his mental capacity but he increasingly suffered from migraine, a very painful trigeminal neuralgia and fainting spells.<sup>73</sup> From what is probably the last preserved letter Krafft-Ebing wrote two months before his death, we know that he had been in chronic pain certainly during the last term in Vienna and had therefore acquired an addiction to *Aspirin* tablets (Acetyl-salicylic acid).<sup>74</sup> The family tradition also suggests that he was overweight and did not lead a particularly healthy lifestyle, working late at nights and drinking large amounts of black coffee.<sup>75</sup> On 11 March 1902 Krafft-Ebing retired after 30 years of academic teaching as a professor, to the accompaniment of honorary festivities and a speech by Fuchs.<sup>76</sup> He moved back to his beloved Graz, in the hope of regaining his health in the better climate, relieved of his many burdens at the university, and with the intention of carrying on his work. He managed to re-edit the twelfth edition of the Psychopathia sexualis and the seventh edition of his

general textbook, as well as writing a substantial monograph on menstrual psychosis, a topic again of forensic significance since the disorder is periodic.<sup>77</sup> He died after several strokes on 22 December 1902 in Graz. He was buried in the *St. Leonard*-cemetery of Graz, followed by his wife who died a year later.

<sup>1</sup> This chapter is based on archival information and on the following printed sources: 1) entries on Krafft-Ebing in NDB by Kindt (1980); the ÖBI, by Hoff-Unterrainer (1969) and Bettelheim (1905), each with further literature. 2) official speeches and obituaries: the most relevant ones are those by Heinrich Schüle, who knew Krafft-Ebing as a junior doctor, Alfred Fuchs, a later collaborator in Vienna, and Julius von Wagner-Jauregg, Krafft-Ebing's successor in Graz and Vienna. 3) the main secondary literature are the biographical sections in standard works such as Lesky (1965) pp 381-86. Much of the following is taken from either Schüle or Fuchs: Anon. (undated) 4pp; Anon. (1902); Anon. (1901)-Gothaisches Taschenbuch, pp 387-88; Bettelheim (1905); Brandt (1913) pp 22-27; Breathnach (1986); Eisenberg (1893)<no pages: microfiche edition>; Eulenburg (1903); I. Fischer (1933) vol. 2, p 812; M. Fischer (1935); Fuchs (1902), (1903) and (1924); Kindt (1980); Hoff-Unterrainer (1969); Karplus (1903); Kéenez (1968); Lesky (1965) pp 381-86; Moll (1903); Pagel (1902); Pilecz (1907); Schüle (1903), Sölder (1903); (1913); Wagner-Jauregg (1898), (1902), (1903), (1908) and (1936).

<sup>2</sup> The name, according to the birthregister of the Stadtarchiv Mannheim, is: Joseph Friedrich Richard von Krafft-Ebing. Another official version of the name plus full titles - (Anon.(1901-Gothaisches Taschenbuch) p 387) - is: Richard Fridolin Joseph Freiherr von Krafft von Festsberg auf Frohnberg genannt von Ebing.

<sup>3</sup> The Gothaisches Taschenbuch (Anon. (1901) p 388) mentions a sister: Luise Marie Margarete, born 21.12.1843 and a brother: Hans Franz Otto, born 30.5.1854. According to the Stadtarchiv Mannheim (Nachlass Walter WP 349) there was a second brother: Johann Ludwig Otto, born 14.2.1842 and the most accurate obituary, the one by Schüle (1903) p 305, speaks of four children in the family.

<sup>4</sup> When exactly the family moved remains open: the address book in the Stadtarchiv Mannheim registers Krafft-Ebing's father as living in Mannheim in 1839-1842; the archive in Eberbach (letter of 16.8.1988 from the Stadtverwaltung) said that Friedrich von Krafft-Ebing was a *höherer Amtmann* in Eberbach from 1849 to 1855.

<sup>5</sup> Schüle (1903) p 306.

<sup>6</sup> (Anon.) (1901-Gothaisches Taschenbuch) p 388.

<sup>7</sup> Heinrich Schüle remembered in 1913 that he and Krafft-Ebing spent some time in Mittermaier's house in Heidelberg after the final exams. He gave the date as May 1863. see Brandt (1913)p 22. The exact date of Krafft-Ebing's immatriculation was 20 October 1858 according to the Matrikel der Universität Heidelberg.

<sup>8</sup> Stübler (1926) p 288.

<sup>9</sup> The dates are here quoted according to the official entry in the University archive of Heidelberg (letter of 25.4.1988 from the University archive); the Personalakte of Graz University (in Krafft-Ebing's hand) renders the date of promotion as 6th August.

<sup>10</sup> Krafft-Ebing (1864), Die Sinnesdelirien, p 9.

<sup>11</sup> Information by letter (of 22.6.1988) from the Staatsarchiv des Kantons Zürich that Krafft-Ebing was registered neither fully nor as a listener.

<sup>12</sup> See (Zurich, University of).(ed.). (1863). Verzeichniss der Vorlesungen an der Universität Zürich 1863 (pp 7-8): summer-term 1863 lasted from April 13th to August 15th 1863. Griesinger delivered the following courses: *Specielle Pathologie und Therapie* (Krankheiten der Respirations- und Circulations-Organen und der Nerven-Apparate); tgl. um 11 Uhr/ *Medizinische Klinik*; tgl., mit Ausnahme des Freitags, um 9 Uhr/ *Geisteskrankheiten und psychiatrische Klinik*; Montag Abends von 4-6 Uhr und in einer weiter zu bestimmenden Stunde.

<sup>13</sup> Krafft-Ebing (1864) Die Sinnesdelirien p 34.

<sup>14</sup> I have not been able to find this letter or indeed any letters to or from Heinrich Schüle. They are certainly not listed in the letter collections of German libraries and archives. The stated fact is given according to Schüle (1913) p 23.

<sup>15</sup> For a general assessment of Griesinger see Ackerknecht (1967) pp 63-72; Kirchhoff (1924), vol. 2, pp 1-14 ; Kollé (1970) 2.ed., vol. 1, pp 115-27 and the monograph by Mette (1976); also the two articles in English by Marx (1970 and 1972); for a more recent, excellent and detailed account of Griesinger (plus extensive bibliography) see Wahrig-Schmidt (1985) and Doerner (1981) esp. pp 272-90.

<sup>16</sup> Schüle in Brandt (1913) p 23.

For a general assessment of psychiatry within the medical faculties see the standard work by Fulner (1970) pp 257-82, in particular (pp 261-62) on the discussion about the inclusion of psychiatry into the final medical examination in Germany, which was passed legally only in 1901 and practically acted upon as from 1906. (In Austria psychiatry - together with neuropathology - was recognised as an exam subject in 1903; see Lesky (1965) p 383.)

<sup>17</sup> Mittermaier published all in all approximately 600 works. He was a co-editor of the journal *Friedreichs Blätter* and one characteristic work to quote here was his lengthy paper of 1866/67: *Neue psychiatrische Forschungen und Erfahrungen in ihrer Anwendung auf die beste Art in Straffällen zuverlässige Materialien zur Beurtheilung der Frage über Zurechnungsfähigkeit zu erhalten*. (New psychiatric research and experiences in their forensic application towards best judging the question of legal responsibility.) Friedreichs Blätter (17) 5-22; 163-85; 243-76; 323-58 and (18) 3-37; 161-89. For Mittermaier generally, see Jammers (1966) and the literature quoted there.

<sup>18</sup> Schüle (1903) pp 306-307 and Fuchs in Kirchhoff (1924), vol. 2 p 174.

<sup>19</sup> Krafft-Ebing (1864) Die Sinnesdelirien. The preface was dated 25 November 1863; the thesis was submitted to the faculty on 11 December 1863 and Krafft-Ebing subsequently asked for permission to publish, which was granted on 1 January 1864 (information by letter of 25.4.1988 from the University archive in Heidelberg). Krafft-Ebing dedicated his medical thesis to his grandfather Mittermaier and it was published by Enke, a renowned publisher of medical and scientific literature (the fact that Krafft-Ebing could publish with Enke was probably due to Mittermaier's influence, who also published there).

<sup>20</sup> Such *Studienreisen* were undertaken by many psychiatrists at the time and often resulted in travel-reports. For example Roller, Krafft-Ebing's boss at the Illenau, had also gone on an asylum tour.

Of the places Krafft-Ebing visited, Schüle (1903), p 307 stressed above all Berlin; Fuchs, a collaborator of Krafft-Ebing's in Vienna in the 1890s, mentioned Vienna, Prague and Berlin as the places Krafft-Ebing visited early on in his career (in Fuchs (1902) pp 3-4). Krafft-Ebing himself later mentioned in a paper of 1867 (*Ein Besuch in Gheel...*, p 670) that he saw the Bicêtre, Paris, but did not state when this visit took place.

<sup>21</sup> Schüle (1903), pp 308-309.

<sup>22</sup> It is not certain when exactly Krafft-Ebing left the Illenau and moved to Baden-Baden; there are several indications, that it was April 1869. (The Generallandesarchiv Karlsruhe did not know and the recommended archive in Wolfbach did not reply): Krafft-Ebing certainly figured in the annual report of Baden for 1869 (see text); he was mentioned as having moved to Baden-Baden in a local journal Ärztliche Mitteilungen aus Baden (23) p 64 (volume dated 30 April 1869); lastly there is a remark that Krafft-Ebing left the Illenau in 1869, in: (anon.). (1892- Illenau's goldenes Jubelfest, p 32. At least one patient was explicitly treated by Krafft-Ebing in Baden-Baden during the time-period of 21 April 1869 until her death 25 June 1870 (Krafft-Ebing (1872) *Ueber Tabes dorsalis...* pp 581-82.

<sup>23</sup> See the organic nature of the cases he treated at Baden-Baden: Krafft-Ebing (1871) *Ueber Drucklähmung von Armnerven...* and Krafft-Ebing (1872) *Ueber Tabes dorsalis...*; for more general points on the boundaries of psychiatry see my chapter on neurology.

<sup>24</sup> See Generallandesarchiv Karlsruhe: *Hauptjahresbericht des Bezirksarztes Baden vom Jahre 1869* (manuscript dated 30. 5. 1871).

<sup>25</sup> Fuchs in Kirchhoff (1924) vol. 2, p 174; M. Fischer (1935) p 319; also information from the Generallandesarchiv Karlsruhe (letter of 18.4.1988).

<sup>26</sup> Fuchs in Kirchhoff (1924) vol. 2, p 174.

<sup>27</sup> Krafft-Ebing, in 1868, had written a book-review on Lombroso's La medicina legale delle alienazioni mentali, studiata col metodo sperimentale, 1865 (see appendix).

<sup>28</sup> Date according to information of 8.3.1988 from the Generallandesarchiv Karlsruhe.

<sup>29</sup> Krafft-Ebing (1871) Beobachtungen und Erfahrungen über Typhus abdominalis während des deutsch-französischen Kriegs 1870/71 in den Lazarethen der Festung Rastatt.

<sup>30</sup> Dates according to information of 8.3.1988 from the Generallandesarchiv Karlsruhe.

<sup>31</sup> Krafft-Ebing (1871) *Ueber Drucklähmungen von Armnerven durch Krückegebrauch*; characteristically the paper appeared in an internal medical, rather than in a psychiatric journal: the Deutsches Archiv für klinische Medizin.

<sup>32</sup> Krafft-Ebing (1870) entries: "Irrengesetzgebung" (lunatic laws) and "Wahnsinn und Blödsinn" (madness and idiocy) in von Holtzendorff's Rechtslexikon. Krafft-Ebing's personal connection with von Holtzendorff may well have been established at an earlier date since von Holtzendorff was a friend and pupil of Mittermaier, see Jammers (1966) p 187.

<sup>33</sup> Fuchs in Kirchhoff (1924) vol. 2, p 176; Fischer M. (1935) p 319.

- 34 For the general points about Strasbourg university see Craig (1984); for the psychiatric teaching and clinic more specifically see Jolly (1887).
- 35 Schüle (1903) p 314.
- 36 Krafft-Ebing (1873) *Rede zur Eröffnung...*
- 37 The German system differentiates (then as today) between three teaching functions within universities: the highest is the *Ordinarius*, which implies the title *Professor* plus a guaranteed job over many years plus active participation (the right to vote, the right to accept functions such as Dean) within the relevant faculty. An *Extraordinarius* although carrying the same title of *Professor* has considerably less security, less power and also less money. The lowest category is the one of *Privatdozent* which signifies that the university has conferred the right to teach, but which is usually seen as an honorific position and needs to be combined with other means of income.
- 38 Eulner (1970) p 274.
- 39 (Strasbourg, University of). (ed.). (1872). Vorlesungsverzeichniss der Universität Strassburg für das Sommersemester 1872. p 10.
- For an interesting contemporary description of Stephansfeld see the memoirs of Pelman (1912). Pelman speaks of his time at Stephansfeld around 1871 with the change from the French to the Prussian system. He mentions Krafft-Ebing only in passing and does not add anything new.
- 40 Schüle (1903) pp 314-15 and Jolly (1887) p 7.
- 41 Krafft-Ebing (1872) Grundzüge der Criminalpsychologie auf Grundlage des Strafgesetzbuchs des deutschen Reichs für Aerzte und Juristen and Krafft-Ebing (1873) Die zweifelhaften Geisteszustände vor dem Civilrichter, für Aerzte und Juristen.
- 42 Information by letter of 20.4.1988 from the Magistratsdirektion (Stadtarchiv) Graz.
- 43 Oral information by Marion Krafft-Ebing, Graz, (10.2.1988).
- 44 For more details see chapter 3.
- 45 Given his position as a full Austrian university professor, Krafft-Ebing automatically acquired Austrian nationality. No exact date is known. (letter of 20.4.1988 from the Magistratsdirektion, Graz).
- 46 Fuchs in Kirchhoff (1924) vol. 2. p 177; Schüle (1903) p 315, who also mentions that the appointment was furthered by Roller's recommendation to Schlager.
- 47 The titles of these articles by Krafft-Ebing are: *Die im Rausche begangenen Handlungen.* (1872); *Die Zurechnungsfähigkeit der Hysterischen.* (1872); *Selbstanschuldigungen Geisteskranker.* (1873) and *Ueber die Fähigkeit, im Irresein und anderweitigen psychopathischen Zuständen Zeugnis vor Gericht abzulegen.* (1874). For bibliographical references see appendix.
- 48 The full titles are: Grundzüge der Criminalpsychologie des Strafgesetzbuchs des deutschen Reichs für Aerzte und Juristen (1872) and Die zweifelhaften Geisteszustände vor dem Civilrichter, für Aerzte und Juristen (1873).
- 49 According to Fuchs (1902) p 8.
- 50 Wagner-Jauregg (1950) p 43.

51 The situation at Vienna had grown out of personal intrigues between Meynert and Leidesdorf, see for example Hirschmüller (1991) pp 74-76 and references, or Lesky (1965) pp 378-81 (who covers up the extent of the scandal); for a contemporary and passionate account see the article by (Anon.)1874 *Psychiatrischer - Staatsstreich*.

52 See appendix.

53 See chapter 4 for more details.

54 Wagner-Jauregg (1908) p 2311.

55 Obersteiner (1919) p 22.

56 Möbius (1894-98) *Neurologische Beiträge*. For Möbius generally see Schiller (1982).

57 Meynert (1892) *Sammlung von Populär-Wissenschaftlichen Vorträgen über den Bau und die Leistungen des Gehirns*.

58 Krafft-Ebing (1899), *Arbeiten* 4, p 23.

For a recent history of obsessional disorders (including an accreditation of Krafft-Ebing for coining the term) see Berrios (1985), reference to Krafft-Ebing on p 168.

59 See appendix: manuscripts; Krafft-Ebing, letter of 26 Feb 1894, page 2. Krafft-Ebing appears as very anti-semitic in this statement. I have not come across any other outspoken remarks against Jews and Krafft-Ebing certainly collaborated directly and voluntarily with Jewish doctors; examples are Magnus Hirschfeld in later years, and perhaps more significantly, his two co-directors in Mariagrün - Hugo Gugl and Anton Stiehl.

60 It was made part of the medical examination in Germany only in 1901 (put into practice 1906); see also footnote above.

61 Krafft-Ebing (1889) *Die Entwicklung und Bedeutung der Psychiatrie als klinischer Wissenschaft*. (1889); *Der klinische Unterricht in der Psychiatrie*. (1890); *Die Psychiatrie und das medizinische Studium*. (1890); *Psychiatrie und Staatsexamen*. (1890) and *Ueber psychiatrische Kliniken*. (1890). See appendix for full references.

62 See chapter 8.

63 See his interviews with Ilma or his hypnotic case Miss Piegler in chapter 7.

64 A report of this consultation is preserved, see appendix.

65 Kraepelin (1983) p 58.

66 Kraepelin (1983) p 57 and Stockert-Meynert (1930) pp 210, 214 who mentions Kraepelin as belonging to her father's circles.

67 For Benedikt's personality see above all the style in his writing, which is whining, plaintive, bordering on the paranoid, and almost always remarkably unfactual. (Benedikt (1894; 1895 and 1906). For a contemporary view of him see Moll's autobiography (1936) p 22. Moll called Benedikt a "pathological phantast" and said that he particularly hated Krafft-Ebing because he had hoped (irrationally) to get the chair of psychiatry in Vienna. Schiller (1982) p 45 also comments on Benedikt's personality.

68 Benedikt (1894) pp 75-76.

69 Benedikt (1894) p 76.

70 Sransky (1938), manuscript.

71 See chapters 6 and 7.



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72 This is the same letter as quoted above. It was addressed to an unidentified friend. Autograph Nr 469/16-2 in the Österreichische Nationalbibliothek, Vienna: letter written by R. von Krafft-Ebing on the 26 Feb. 1894 to a friend (unidentified), 4 pp, p 2-3 For the full letter see appendix.

Fuchs (1902) p 11 spoke of 20,000 cases which Krafft-Ebing had accumulated till then.

73 Fuchs in Kirchhoff (1924) p 183 gives a brief report on Krafft-Ebing's health problems; he also mentions that during his last years Krafft-Ebing suffered from a clonic tic of two facial nerves (VII and XI).

74 Letter dated 23 October 1902, see appendix.

75 Oral communication by Marion Krafft-Ebing, Graz. (10.2.1988).

76 Reprinted by the Wiener klinische Rundschau, see Fuchs (1902).

77 Krafft-Ebing (1902) Psychosis menstrualis. Eine klinisch-forensische Studie, see appendix.

### Introduction

Krafft-Ebing worked at the Illenau, the leading South-German asylum, between September and December 1863 as a volunteer, then from May 1864 until April 1869 as a full-time junior doctor.<sup>54</sup> The Illenau was not only Krafft-Ebing's first post after the completion of his medical studies, but it was also the only place where he received any training in psychiatry. Psychiatry as a university subject was still a very recent invention and the topic was not yet part of the final medical exam (it became so in Germany only in 1901).<sup>55</sup> So when Krafft-Ebing went to the Illenau, he started from scratch, that is he had little more than anecdotal knowledge and certainly no in-depth training.<sup>56</sup> We will therefore not be surprised that he accepted the "Illenau method" wholeheartedly and somewhat uncritically.

The institution he had chosen, - or rather that he was very lucky to get into, - was a particularly powerful place with a tradition shaped by such important figures as the medical director Friedrich Wilhelm Christian Roller (1802-1878) and his co-director (later successor) Karl Hergt (1807-1887). At the time when Krafft-Ebing joined the staff in the 1860s, asylum tradition, for which the Illenau was such an excellent example, was undergoing important changes. On the one hand, new ideas such as non-restraint or Morel's and Darwin's teachings were taken on board; on the other hand, the heyday of the asylum was over and Roller was getting older. Nevertheless, this was a time of forward-looking change and enthusiasm. In a

sense the Illenau represented the best of two worlds: Roller, the successful patriarchal figure of German asylums, was still fully active, but his junior staff were also in touch with the latest ideas taught at the universities. The Illenau thus combined humanitarian ideas and an idealist re-educational programme for the patients, with "natural-scientific" methods promising to get at the root of madness.

Krafft-Ebing was to call himself a disciple of the Illenau for all his life: he stayed in close contact with the institution and with the two friends he had made there, Heinrich Schüle (1840-1916), the later director of the Illenau, and Wilhelm Erb (1840-1921), who became a leading German neurologist. Most importantly, however, his way of thinking remained permanently shaped by the "Illenau-school" (as it was called at the time). It shaped his basic belief as to what psychiatry should be, namely that it was a moral enterprise rather than one that was strictly "natural-scientific". In a revealing sentence in the preface to the Psychopathia sexualis (1886) he claimed that it was up to medicine to "save the honour of humanity in the forum of morality".<sup>57</sup> The context of the sentence was that medicine was able to understand - and explain as illnesses - sexual behaviour that would otherwise offend our ethical and aesthetical principles. The physician, in other words, also had a moral task. Another very basic tenet, which Krafft-Ebing never abandoned and which goes back to his days at the Illenau, was the stress on the individual case approach. Lastly, he subscribed to a view that was highly characteristic for asylum-psychiatry and could, in fact, have easily been the formulation of Roller himself:

For psychiatrists the mental asylum, a place of horror to the lay person, is the most important remedy against disease.<sup>58</sup>

56

One practical result of this belief was Krafft-Ebing's later involvement (from 1886) in a private asylum. This asylum, Mariagrün, had many features in common with the Illenau. Krafft-Ebing, who by then was well established in his university position at Graz - which meant practising a different type of psychiatry -, may well have sought to recreate the old atmosphere he had trained in by building up his own small Illenau.

Given the importance of the Illenau for the later development of Krafft-Ebing, this chapter will look closer at the history of that institution and Roller's influential ideas, as well as explore the general atmosphere at the time when Krafft-Ebing was there. Thanks to Schüle we also have some more personal memories of Krafft-Ebing during those days.<sup>59</sup> Lastly, his early publications from 1864 to 1869 were based on his practical and theoretical experiences at the Illenau, partly using its patient material. These works provide the most direct insight into the asylum as seen through Krafft-Ebing's eyes.

### **The History of the Illenau<sup>60</sup>**

The history of the Illenau starts in the 1820s, when the Ministry of the Interior of Baden decided to improve the unsatisfactory state of care for the mentally ill in its Grand Duchy. The care of the insane had become a focus of specific interest all over Europe. The

conviction that "madness is curable", born out of the philosophy of the Enlightenment and put into action during the French revolution by the famous Pinel, had by the 1820s led to a considerable effort on the part of German States to keep up with modern healthcare. The typical institutions catering for a mixture of social outcasts - orphans, criminals, the sick, the mad, paupers - started to be replaced by more specialised institutions. At first, the lunatics were segregated and, wherever possible, the old buildings, often old monasteries, were replaced or at least renovated so as to serve as specialised asylums. The small, but prosperous, Grand Duchy of Baden, ruled by a liberal and progressive government and furthermore heavily influenced by its close neighbour France, was one of the first German States to take on this challenge.

Since 1718 there had been in Baden such an institution for various groups of society. Situated in Pforzheim, it catered mainly for orphans and criminals but also for lunatics. Between 1804-1808 these groups were separated: the criminals were sent to Mannheim and Bruchsaal, and Pforzheim put to the exclusive use of lunatics and the sick (*Irren- und Siechenhaus*). The medical director of the institution in Pforzheim was Johann Christian Roller, the father of F.W.Chr. Roller, who later founded the Illenau. Roller senior died in 1814 and was replaced by one Dr Groos under whom the final separation took place: in 1826 those with physical disorders stayed in Pforzheim but the mentally ill patients were transferred to Heidelberg and put into a former Jesuit convent (*Heidelberger Anstalt*). This final segregation of the lunatics from other classes of patients was only part of a more far-reaching plan drawn up by a special commission advising the government. During these years

the ministry of Baden tried to draw up a health care system for its lunatics in close connection with the University of Heidelberg - at that time a novelty. The asylum director should simultaneously be given a chair at Heidelberg University. Other proposals included an attempt to improve the actual asylum, and for this the Ministry sent Roller junior on an international asylum tour; he visited Esquirol and Foville in France and also spent some time with Pienitz, Langermann, Horn, Heim and especially Jacobi (Siegburg) in Germany.<sup>61</sup> Esquirol in particular and Jacobi, himself heavily indebted to Esquirol and the French, had a lasting impact on Roller and his later plans for the Illenau.

On his return from this explorative trip in 1826, Roller took up his first job in psychiatry working under Groos in the new Heidelberg clinic. Within a few years Roller, a man as ambitious and ruthless as he was talented, had managed to convince the Ministry of the Interior of his own abilities and, in fact, his superiority to Groos, and in 1835 was made medical director himself, whilst Groos was sent off into early retirement. Over the next few years Roller secretly opposed the scheme originally drawn up by the commission and sabotaged it from within. His hostility was directed particularly at the close link with the University, a hostility which went both ways, since the University had refused to accept him as a lecturer on the grounds that he did not possess a proper degree.<sup>62</sup> Roller reacted by turning his back on the University altogether, and used his excellent connections with the Ministry to get permission and means for his own alternative plans for what was to be the Illenau asylum. The Illenau, in other words, was built in hostile reaction to the existing plans of the University of Heidelberg. Whilst the

faculty's intention was to turn psychiatry into a truly medical speciality, Roller's view was that psychiatry was a very special medical discipline and therefore needed a very special institutional treatment. This controversy and the way it was solved in Baden go a long way to explaining the later split between asylum- and university-psychiatry, which was to shape German psychiatry for the coming decades.

To a large extent Roller managed to make his dream come true. The Illenau can be seen as a direct reflection of Roller's views about the nature of psychiatric diseases, or as he characteristically called them, "disorders of the soul".<sup>63</sup> As is well-known, exponents of university-psychiatry, in particular Wilhelm Griesinger, called them equally characteristically "mental diseases". The term "psychiatry" is also contemporary and was used by both asylum- and university-psychiatrists.<sup>64</sup>

Roller's ideas on psychiatry will be explored in more detail below - their practical result was the construction of the Illenau. Roller's asylum was built between 1837-42 close to Achern in idyllic countryside between the university towns of Heidelberg and Freiburg. Its architectural design adapted French (Esquirol) ideas with low long-stretched buildings in strict symmetry and so called *carrés isolés* as inner courts separating wards from each other.<sup>65</sup> One of its main principles was the separation of different classes of patients. In the first place the sexes were strictly separated with the women to the left, the men to the right of the middle axis. Another important principle was that of separating the noisy patients from the calm, and lastly there was a separation of social class. Such

segregation were seen as therapeutical. Illenau opened its doors in October 1842 with 291 patients, of whom the majority came from Heidelberg; a few were patients from the old Pforzheim clinic, which had served as an overflow for the inadequate clinic at Heidelberg.

### **Roller's understanding of mental illness and its remedy: the Illenau**

Roller's ideas on asylums and the essence of psychiatric care remained remarkably consistent over time although the outer situation (and with it Roller's intentions in publishing) changed. We can thus here use both his major works published at an interval of some 40 years. The first of these was his often quoted monograph of 1831: Die Irrenanstalt nach allen ihren Beziehungen (The mental asylum in all its aspects). Roller's early publication was the result of his international asylum-tour of 1826 and his few years of experience at Heidelberg. The monograph had two outspoken goals: it argued against the idea of turning psychiatry into a university field and, second, Roller (as many others) attempted to convince the authorities that madness was indeed curable. This latter conviction was, after all, a relatively new idea and the government was asked to invest a considerable amount of money into asylum construction. The single most important point for Roller was the very indispensability of the institution "asylum" as he envisaged it. With a first chapter on "necessity and value of mental asylums", the monograph covered a wealth of practical questions such as architectural details of rooms, heating systems, bathing facilities etc. - but also the theoretical ideas behind the building. The



asylum was the only place, Roller argued, where the healing of the mentally ill patient could take place. What he later called "the peculiar life of the asylum" constituted the remedy.<sup>66</sup>

In 1874 Roller published another major work on asylums under the title: Psychiatrische Zeitfragen aus dem Gebiet der Irrenfürsorge in und ausser den Anstalten und ihren Beziehungen zum staatlichen und gesellschaftlichen Leben (Psychiatric questions of our time concerning psychiatric care within - and outside of - asylums and their relation to political and social life).<sup>67</sup> Roller, by that time aged 72, was looking back on a life-long experience in psychiatry and a directorship of 32 years at the Illenau. In the 1870s there was less of a need to justify psychiatric institutions and the existence of psychiatrists, but there was still an ardent debate on what psychiatry should be like. Much of Roller's book was a contribution to this discussion, if not to say a direct attack on the university psychiatrists and their main exponent Griesinger. In fact as far as the general political influence was concerned, Roller, who had successfully fought university psychiatry in the 1820s and 1830s was now, some decades later, on the losing side.

#### Roller's views were directed against Griesinger

Griesinger's famous claim had it that mental illness was a disease of the brain.<sup>68</sup> Roller accepted that. He also accepted some of Griesinger's conclusions, for example, that doctors should be the ones to deal with mental illness. Disagreement began when Griesinger implied that psychiatry was a medical speciality like others; for Roller it was something more than that. Griesinger

arrived at a range of propositions concerning political, practical, architectural and legal aspects of psychiatry. Roller disagreed vehemently with most of these and saw them as a consequence of that true, but unluckily narrow definition given by Griesinger. Speaking of the fact that the majority of doctors understood "diseases of the soul as diseases of the brain", Roller made the following differentiating statement:

It is not the mistake of the doctors that the term diseases of the soul is not explained fully by this: it is the nature of these phenomena that there are additional aspects which the usual nervous diseases lack, and that their knowledge and treatment is something peculiar. Without taking into consideration these additional aspects there is no diagnosis and no therapy. ... It is true that by calling the disorders of the soul diseases of the brain, we do indeed speak the undoubted truth, but if we do not know more, it is an unfruitful truth. How poor would be our knowledge and treatment of certain forms of disorders of the soul, if we stopped at the phrase that they were merely diseases of the brain and the nerves! <sup>69</sup>

The practical consequences Griesinger had suggested, and to which Roller had objected, included the following. Psychiatry should be a fully accepted medical speciality, but also only a medical speciality. Therefore psychiatric patients should be treated in clinics that were within general hospitals, as other medical clinics, too. The main goal of these clinics was to serve as a place of scientific research as well as providing teaching facilities for students. They would subject patients to a medico-scientific treatment indistinguishable from that of other medical specialities and offer the same type of ward-round teaching. Admission rules for psychiatric patients were to be the same as those for other medical patients. These clinics would aspire to a high turn-over in patients in order to ensure varied teaching with patient demonstrations.

Griesinger also suggested that existing asylums should be care-institutions primarily catering for chronic patients instead of directly admitting acute patients (as the Illenau did at the time).

It is not difficult to see why Roller disliked Griesinger's vision of psychiatric university clinics - they were basically a serious threat to the asylums, effectively resulting in a degradation of the asylum. The argument that psychiatric patients should be treated in the same way as medical patients was in Roller's eyes not practicable because he did not think they were the same. Griesinger seemed to argue against the specialness of asylums and their peculiar characteristic of curing through isolation. As far as Roller was concerned, Griesinger's suggestions carried the direct implication that the asylum was really a superfluous institution and he wrote sneeringly:

In fact one hardly understands why asylums should be constructed in the first place and why the majority of patients should not be treated in their families like those patients suffering from nervous disorders.<sup>70</sup>

### Roller's remedy

Roller, like other asylum psychiatrists, emphasised the treatment of patients rather than the research into the aetiology of madness. His central claim was that the asylum was the remedy. The asylum was a place of isolation.<sup>71</sup> Isolation meant not so much the segregation of individual patients, but the fact that the whole asylum was isolated, that is built far away from towns, in idyllic countryside - it thus became a refuge. It has been convincingly argued that there

were several factors behind the principle of isolation, for example: modern enlightened society distances itself from socially non-integrated elements, and moral arguments such as those of Rousseau saw unspoilt nature as a major healing force. Most arguments for isolation at the time originated in the views of Pinel and Esquirol. The latter in particular was extensively quoted by Jacobi, who was probably the most important German psychiatrist of the early 19th century. Isolation, they pointed out, implied the removal of the patient from the damaging environment which made him go mad. By putting him into a different surrounding, new ideas originated and order and new habits would be restored on a different level. The asylum would become a place that offered such a special, healing atmosphere:

It is not enough to take the patients out of their usual environment. The new environment into which they are brought also has to be such that it furthers their treatment and cure. ... The characteristic life in the asylum is an important help here.<sup>72</sup>

This special atmosphere centred around the main ideas of a humanitarian treatment of the patients, the daily structure of asylum-life and the all-important community feeling engendered by it. All these were general characteristics of early 19th century German asylums. The Illenau was seen as a model, because it excelled in all these points.<sup>73</sup>

As for humanitarian ideals put into practice, there was much stress put on the human dignity of patients. It was during those years that first courses and detailed instructions for nursing personnel were drawn up. They should be kind and tolerant, should not beat

patients and generally treat the mentally disturbed as ill people.<sup>74</sup> The non-restraint principle, made popular in England by Conolly in the 1830s, led to a prolonged discussion in Germany on the most humane, but still efficient, way of confining patients. This discussion went on for decades before non-restraint was fully accepted in the German speaking world in the 1860s. Its final acceptance was due to consistent efforts made by the psychiatrist Ludwig Meyer (1827-1900) and Griesinger, who was converted to it in the second edition (1861) of his famous textbook.<sup>75</sup> At the Illenau, too, the principle of non-restraint was put into full action during the 1860s, during the time of Krafft-Ebing's stay and partly due to his personal efforts.

Another important aspect of the humane treatment of patients that was much discussed at the time was the standard of the food.<sup>76</sup> Doctors had defined their ideas on healthy food by the 1830s and this began to be applied by the 1840s. The hazards of a one-sided diet were known and a need for fresh vegetables was emphasised. Most physicians stressed the need for some meat, but too much animal food was seen as a stimulant, the latter principle particularly important for the various "nervous" diets in mental institutions. Once more the Illenau did very well compared with other institutions: it was praised for its healthy food based on fresh home-grown vegetables.<sup>77</sup>

The primary goal - therapy - was guaranteed by the nature of the asylum itself. It was the healing effect of an ordered, highly structured, large family that was seen as crucial. This led to a strong feeling of community on the part of both the patients and the staff (the latter were, of course, living on the premises). The Illenau was

a home in the broadest sense of the word and this shows not least in the very emotional language used in the *Festschriften* or the descriptive brochures. Hergt, the second medical director described his first impressions on arriving at the Illenau in 1842 as follows:

This splendid man, who - together with his bosom friend Roller - saw the blossoming of our Illenau as the goal of his life, often described the unforgettable impression of the Illenau where the new arrivals at the portal were greeted by the new building, lit up by the evening sun against the background of proud silhouettes of the majestic Black Forest mountains in the warm colours of autumn. Even the patients uttered many an involuntary exclamation of delight at the sight of this enchanting landscape and their new situation that appeared so homely compared to their former confinement in the town.<sup>78</sup>

Patients fitted into this idyllic place by living an organised full day. An abundance of facilities provided for them: individually tailored work with set working hours, opportunities to go for "refreshing" walks after their "well-cooked" meals and participation in "healthy" communal leisure activities in the evenings.

The Illenau employed special workmen to teach the patients skills, there were lessons in subjects such as reading, writing, botany and geography (the latter two taught by Hergt).<sup>79</sup> Billiard and card game evenings were organised for the male patients, there was a proper swimming pool for men, whilst the women limited themselves to footbaths in the "riverbath". (There is a stylish engraving of both these bathing facilities in a *Festschrift* of 1865.<sup>80</sup>) To further the sense of community tea-parties were held which brought patients together with nurses and the wives of employees. But the most important leisure activities were the many musical evenings organised and run by talented individuals (including a proper music

teacher on the staff). Beck has taken the trouble to count and list no less than 174 musical events of 1867.<sup>81</sup>

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Music was seen as a remedy for the soul and greatly furthered the "spirit of the Illenau", another of Roller's favourite terms. Services were held regularly on Sundays in the house-chapel and Christian religion was integrated into daily life adding another spiritual element. Patients' rooms were decorated with pious pictures - Krafft-Ebing mentioned them in one of his case histories<sup>82</sup> - and two clergymen, one Catholic, one Protestant, lived on the premises. One of their tasks was to bury both patients and staff in the house cemetery - a final reminder of how deeply the bond to the community went.<sup>83</sup>

The Illenau, in short, was a paradisial haven designed to restore sanity. Amongst existing asylums, it was one of the best equipped. It was, however, not only self-contained, but had strong links with the outside world, too. The admiration with which the Illenau as an institution was regarded for many decades amounted almost to a cult. Heinrich Laehr, the recognised expert on German asylums over many years described it in the preface to his *Festschrift* of 1892:

The Illenau and its method of treating patients has attracted attention not only in Germany but also abroad. The delightful features of its surrounding countryside, the location in the South of Germany close to the majestic Rhine further the inclination to direct one's steps there. And then the spirit that pervades the place and is so visible in the personalities working there! We can openly state that no establishment in Germany has welcomed more enthusiastic doctors than the Illenau. Younger doctors would pursue their studies, but senior colleagues, too, would leave increased in knowledge and enriched in their hearts, - to be warmly welcomed back

again whenever they felt the desire to renew old bonds of friendship.<sup>84</sup>

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The many visitors referred to by Laehr included such important German psychiatrists as Flemming, Zeller, Damerow and also Griesinger. The best known personalities from abroad were: Viszanik (Austria), Brenner and Lehmann (Switzerland), Verhonteren (Holland), Göricke (Denmark), Major (Norway), Falret, Foville and Morel (France) and Ray (America).<sup>85</sup>

This cult of the Illenau was eagerly furthered by Roller, who for example also edited a house journal: the Illenauer Wochenblatt originated in handwritten form in 1848/49 (called Illenauer Blätter) and was subsequently published as a weekly from 1867 till 1896. Its intention was to make the life of the asylum in all its aspects public to anyone interested and to this purpose it published open reports on patients in letter form for the sake of their relatives, and as a means of informing other asylums.<sup>86</sup>

### **Krafft-Ebing's daily life at the Illenau in the 1860s**

When Krafft-Ebing joined the Illenau in 1863 he was warmly welcomed into this family setting. It is likely that he had met Roller, the medical director, before, since Roller was a friend of his grandfather Mittermaier.<sup>87</sup> Krafft-Ebing was already a friend of Schüle, the other junior assistant, and their friendship grew over the next years spent working and learning together.



According to Schüle, Krafft-Ebing threw himself into his new job with enthusiasm and a lot of dedication, working long hours.<sup>88</sup> This combination of enthusiasm and a distinct sense of duty was very typical: one of the obituaries on Krafft-Ebing was later to refer to those years at the Illenau as "that period rich in work and full of hope".<sup>89</sup> He showed the same attitude to life and work when he went to visit Italy in 1870. When a German in 1870 went to Italy it always seemed to recall the visits of Goethe, that most famous model of a German tourist to Italy. Krafft-Ebing had planned to go for pleasure, but - unlike Goethe - he looked less at Italian art and women but instead visited psychiatric asylums.<sup>90</sup> There is no detailed description of Krafft-Ebing's duties, but we can compose a picture of various activities that were part of his daily life. The length of time a psychiatrist spent with his patients varied, depending on the type of ward he controlled. Krafft-Ebing was at first given the ward for female care patients.<sup>91</sup> In addition to direct contact with patients and staff, he was soon involved in research and publishing.

#### Krafft-Ebing's contacts with patients and the therapies he applied

Since Krafft-Ebing was living in the Illenau he had ample opportunity for social contact with patients. His way of relating was obviously very friendly: Schüle later remembered (as typical for Krafft-Ebing's personal warmth) that for a while he used to bring a hand-picked flower every night to a hypochondriacal lady patient who said she could not sleep without it.<sup>92</sup> Krafft-Ebing played the piano and participated in many of the musical evenings as well as cheering up patients with improvised songs in between medical

visits during the day.<sup>93</sup> In Heidelberg Krafft-Ebing had been taught the piano by Mrs Feuerbach, a relative of the famous legal reformer, who also was a disciple of Krafft-Ebing's grandfather Mittermaier. Krafft-Ebing seems to have been a competent player since he played with the surgeon Billroth in Zurich in the summer of 1863 (Billroth was an excellent pianist).<sup>94</sup> At the Illenau he regularly played Mozart, Beethoven and Schubert for the patients.<sup>95</sup>

There is no doubt that Krafft-Ebing was an idealist in pursuit of the welfare of his patients and that he did not merely pay lip-service to the importance of their humane treatment in his publications.<sup>96</sup> He was convinced of the benefit of the non-restraint principle and patiently invested time in persuading the nurses of this. According to Schüle, Krafft-Ebing spent whole afternoons in the park in the company of very distressed patients showing the nurses that the new method was practicable.<sup>97</sup> During the 1860s when the move away from straight-jackets and other restraining devices took place, there was clearly a transitory period since Krafft-Ebing mentions restraining methods in his papers, too.<sup>98</sup>

More specifically, Krafft-Ebing interacted with patients through the taking of histories, physical examination and the application of therapies. The taking of histories was particularly important and very diligently performed. It also led to Krafft-Ebing's main research interest: the hereditary components of mental illness, a research based on the compilation of family-histories.

Therapies were divided into the physical sort - diet, peripheral application of electricity and medication - and the psychological or

moral sort (both words were used). Physical therapies that Krafft-Ebing prescribed for his cases included diet,<sup>99</sup> cold baths and ice-applications,<sup>100</sup> luke-warm baths,<sup>101</sup> bloodletting,<sup>102</sup> electricity,<sup>103</sup> and a whole range of medication such as: quinine, morphia, chloroform, argentum nitricum and different syrups (like Ol Jecoris or Syrup Chin. cum ferro).<sup>104</sup>

Most important within the psychological therapies were all those unspecific measures such as the prescription to participate in distracting and communal activities. More specific therapies were also applied and these partly reflected the moral tradition as laid down for Germany earlier in the century. Standard works were Johann Christian Reil's Rhapsodien über die Anwendung der psychischen Curmethode auf Geisteszerrüttungen (1803) and his Beyträge zur Beförderung einer Curmethode auf psychischem Wege (1808/12, together with Johann Christian Hoffbauer) and Peter Joseph Schneider's Entwurf zu einer Heilmittellehre gegen psychische Krankheiten, oder Heilmittel in Beziehung auf psychische Krankheitsformen (1824). Reil made innumerable suggestions on how to restore reason in a diseased mind by either arousing feelings like anger, fear, pain or by influencing the psyche by theatre plays enacted by the staff of the asylum. Schneider worked more with mechanical devices such as draw-bridges which opened up suddenly, immersing the patient in cold water or machines which made him rotate, which was intended to shock the brain into better functioning.

Traces of such treatment ideas can be found in descriptions of patients hospitalised at the Illenau in the 1860s, but they did not

seem to play a major part. Whether this was due to such methods being increasingly perceived as "cruel" is at the very least doubtful - it is more likely that they cost too much effort and did not produce sufficient therapeutic success. The label "cruel" which historians have been quick to apply to such therapeutic attempts and subsequent Illenau-ideas, is absent from the primary texts. These primary texts show, however, a high degree of awareness of what is "humane" and what is "cruel".<sup>105</sup>

An example of a moral treatment which combined physical methods with the idea of re-education was a century-old treatment, at the time called Leuret's douche: it consisted in pouring cold water on the head of a patient who was sitting in a warm bath. This was highly disagreeable and the expected effect was to heighten self-control of the patient who could thus avoid further treatments. Krafft-Ebing used Leuret's douche on a 34 year old woman suffering from a hallucinatory love-obsession.<sup>106</sup> A particularly instructive example of a psychological treatment was the case of a 42 year old single woman admitted to Illenau in March 1867.<sup>107</sup> The patient was diagnosed as suffering from a paralysis of her legs due to "paralysis of the will" (i.e. without any physical reason) dating back to a knee trauma sustained at the age of 21. She had been increasingly bed-ridden and invalid for many years and finally showed signs of psychosis (in particular she heard voices). Shortly after admission the patient was taken to a far-away ward and left to her own devices. She was therefore, as Krafft-Ebing put it, given the choice to stay in a cold corridor or else to make her own way back to her bed in the other ward. The patient started to drag herself along the walls, immediately coming to a standstill when she saw herself

observed, but finally reaching her bed. These experiments were repeated, the patient talked to, and after 8 days at the Illenau she was capable of walking around in the house on her own, at the same time cheering up noticeably. The patient was thus treated with psychology, good diet and plenty of fresh air from March to the middle of June, at which stage she could be discharged home in good health. Half a year later (December 1867) she suffered a temporary revival of her anxiety and hallucinations, but no paralysis, and these symptoms disappeared within weeks. Krafft-Ebing, in 1869, considered the case as cured.

Krafft-Ebing treated a variety of patients at the Illenau. There were certainly chronic as well as acute cases hospitalised in the asylum. For example, of the three patients quoted in the medical dissertation of 1864, two had been there for seven, or eight years and one was quoted as having been admitted in October (1863).<sup>108</sup> He was therefore an acute patient since the preface to the dissertation was dated 25 November 1863. Krafft-Ebing also treated children and he published two cases during his Illenau period: one was a boy of 12, whom he might not have known personally since he was hospitalised in 1857, but whose case he wrote up later, and the other was a boy aged 10.<sup>109</sup> This 10 year old patient, who was certainly treated by Krafft-Ebing, may have been an outpatient, judging from the style in which his case is reported. Since the Illenau extended its activity to home visits in the region (for example to patients who had been formerly hospitalised and were then followed up), it may well be that not all the patients treated were actually inmates of the asylum.

### Krafft-Ebing's research at the Illenau

From Schüle we know which psychiatric authors he and his friend Krafft-Ebing read with most interest.<sup>110</sup> He lists Griesinger, Jacobi, Spielmann, Jessen, Pinel, Esquirol and Morel, and for the most recent psychological literature Wundt and Fechner. The most influential of these were Griesinger and Morel. Some of these books were not only read and digested but also used for practical research on the wards, for example Fechner's Psychophysik led to experiments on the sensibility of patients, which were carried on for years on the wards. Morel inspired them in two ways: by his stress on the importance and role of blood vessels, and through his ideas on heredity, the latter usually called an anthropological method.

The postulated link between blood circulation and the functioning of the brain became a recognised model for explaining psychological functioning. Clinically, it took the form of observing an increased bloodflow to the head (and therefore to the brain, as the reasoning went) together with observation of the emotional state. A patient in a manic phase would have a hot and flushed appearance. There was also an anatomico-pathological aspect to the model, based on the observation that the brains of some patients contained more blood than those of others when examined on the dissecting table. This thought-model was to play a substantial role in Krafft-Ebing's work (it was later also important for the explanation of sexual disorders, some of which were for him due to increased circulation into the pelvic organs).<sup>111</sup> It appears that Schüle was more fascinated by the anatomico-pathological angle of this research than Krafft-Ebing

and a few years later he published a book centred around the dissection results of 19 patients.<sup>112</sup> Krafft-Ebing also dissected patients after their deaths at the Illenau although he may have arranged for his friend to do the microscopic analyses.<sup>113</sup> He may have dissected later in his career as a medical director at the Feldhof in Graz.<sup>114</sup>

Krafft-Ebing was less interested in pathology, which represented one important direction of psychiatric research at the time, but he invested more time and energy into what was called the "anthropological" method. He here followed directly in Morel's footsteps. The French psychiatrist Morel had first stressed the importance of hereditary factors in the development of mental disease. His system - that is the degeneration theory with its claim that mental disease got progressively worse over generations - had both a diagnostic and a prognostic significance. His ideas led to a careful compilation of family trees of patients. Clinical symptoms established in this family history were then compared to the symptoms of the patient. These included both stigmata (physical signs such as misformed earlobes) and the exact clinical description of the psychological problem.

Krafft-Ebing spent much time from the start compiling very extensive family-histories.<sup>115</sup> By 1869 he had collected hundreds of such cases, and claimed in a paper published that year that he had "studied in detail the family-trees of many hundreds of patients" of which he chose 292 cases.<sup>116</sup> It would be wrong, however, to imagine that he (and other junior doctors for that matter) spent the main part of their time pursuing their own clinical research. On the

contrary, the impression one gets from Krafft-Ebing's early publications from 1864 to 1869, is that much of his time was invested in a thorough study of the psychiatric literature.

### **The legacy of the Illenau**

Krafft-Ebing's later work was to be significantly influenced by the Illenau approach. Most generally there is Krafft-Ebing's *Weltanschauung* : his intention to carry out a fundamentally moral - rather than a strictly natural-scientific - enterprise. The natural-scientific enterprise seems for Krafft-Ebing to have been more of a means to a different end than an end in itself. This cannot be taken for granted because there existed at the time a psychiatry based on purely natural-scientific principles, that of Griesinger. In spite of his indebtedness to Griesinger Krafft-Ebing would never have considered himself to be his disciple. Characteristically the young Krafft-Ebing was influenced by two psychiatric models that were incompatible in many ways, those of Griesinger and Roller. His later work represented a convergence and development. In keeping with the general development of psychiatry during the century, Krafft-Ebing's work was about "scientific psychiatry" - at least superficially. Underlying this, however, was a distinct moral model and a conviction which he did not question- at least not publicly.

There is a distinct discrepancy between the paradisiacal world of the Illenau with its idealist vision of lunatic cure and care, and Krafft-Ebing's later specific interests that included the sodomists and necrophiliacs of Styria. In his sexual case-histories Krafft-Ebing



always maintained a descriptive style, but he was, of course, far from value-free. The moral judgments he made simply remained hidden.

Krafft-Ebing's own private asylum on the lines of Illenau, named Mariagrün, in Graz, is described in chapter 3. It is a practical expression of his continuing interest in this kind of psychiatric care. Krafft-Ebing was and remained a practising psychiatric clinician, unlike other influential figures of German/Austrian psychiatry at the time. One can, for example, hardly imagine that a Griesinger, Meynert, Kraepelin or Wernicke, who were all involved in a more abstract kind of psychiatry, would acquire a small private asylum. By contrast Krafft-Ebing did just that, and his ability as well as inclination to do so was a direct legacy of his Illenau days.

Lastly, Krafft-Ebing's training at the Illenau later showed in his approach to patients.<sup>117</sup> The same attitude to patients - called "individual case-approach" - also had its reflections in Krafft-Ebing's many written (and published) case-notes. Schüle called this attitude slightly defensively a "method" and claimed that it was something specific which he and Krafft-Ebing had learnt from Hergt at the Illenau:

Here <at the Illenau> the method of his <Krafft-Ebing's> work received its direction by the traditional way of observing the patient: not to neglect even the minutest symptom, to evaluate each psychological and physical symptom, to capture the inner causality of psychological events through frequent history taking, to always attempt to link the psychological condition to the physical in order to arrive by way of strict induction at a comprehensive clinical picture, which does not stop at a classifying general diagnosis, but rather tries to explain the case through its individual features. This is a method which was above all used by our honourable Hergt... who became a model to us both. Today

this method and the strictly individualising approach to patients appear self-understood after they have been commonly accepted - but then, at the beginning of the 1860s, these were pioneering ideas.<sup>118</sup>

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As has been pointed out elsewhere a significant percentage of Krafft-Ebing's publications were cases. These cases were used in different ways: they appear, for example, as mere figures in statistical arguments.<sup>119</sup> However, the bulk of these cases followed a certain constant format of which the most typical are the cases in volume 3 of Krafft-Ebing's general textbook (1879/80). They would be fairly extensive, on average taking up the equivalent of two pages normal book size, normal print (often the cases are, in fact, printed in smaller print). The patient's name or initials, age and current occupation are followed by a brief family background, including those members of the family who had a psychiatrically relevant diagnosis such as melancholia or alcoholism. Somewhere in the case notes, usually at the beginning, there is a precise admission date or date of consultation. The personal history is followed by the reason for the patient's hospitalisation (consultation). Then there is a description of how the patient appeared psychologically and physically to Krafft-Ebing: some of the patient's statements are usually quoted verbatim. Where applicable the therapy is given and a summary of how the case developed. In many, but not all the cases that died, the report ends with a summary of the findings on dissection.

This format sounds so very logical in many respects today that we have a difficulty similar to that of Schüle in convincing ourselves that it was novel. However, Krafft-Ebing had a reputation for his case-histories; and by comparing the textbooks of various authors

of the time we can see what made him unique. Older authors such as the French idols Pinel and Esquirol would not render individual case-histories at all. They would make an abstract point - say draw up a list of symptoms - and then illustrate these symptoms with examples from their clinical experience. Griesinger used his cases in a similar way - again he would not supply a full story of one particular individual, but produce many anecdotal findings that are obviously based on direct experience gained on psychiatric wards. The goal of these older textbooks, it seems, was to construct a theoretical framework, to outline a general theory - and then to illustrate it with live examples. By contrast, for Krafft-Ebing the examples themselves were put centre stage.

- 54 It is not certain when exactly Krafft-Ebing left the Illenau to open his own practice in Baden-Baden; there are several indications that it was April 1869. (See also chapter 1).
- 55 1901 is the date when the rules were changed in Germany; they were put fully into practice only in 1906. (Eulner (1970) pp 255 and 261-62.)
- 56 In particular Krafft-Ebing, as any other medical student at the time, had not had much opportunity to see psychiatric patients, because psychiatry - unlike other medical specialities - was not yet organised around patient demonstrations or obligatory participation in ward rounds. This latter format of psychiatric teaching is what university psychiatrists wanted and what was to be put into practice over the next few decades. Griesinger, at his clinic Burghölzli in Zurich, was in that respect leading the way and that was undoubtedly one of his main attractions for temporary students. When Krafft-Ebing was such a temporary student in Zurich in spring/summer 1863, he met psychiatric patients there and these were probably the first he had seen (one case is mentioned in his medical dissertation of 1864, p 34).
- 57 p V.
- 58 Krafft-Ebing (1879) Lehrbuch der Psychiatrie... vol. I, p 246. The quote itself was unoriginal and has also been attributed to Esquirol (see eg. Chatelain's Plaudereien über das Irresein, 1891, p 252, to which German translation Krafft-Ebing wrote a preface).
- 59 Schüle (1903) pp 308-309. There are no direct memoirs or letters of the time by Krafft-Ebing. (See also remarks in chapter 1).
- 60 See Middelhoff (1979), Beck (1983) and Hauser (1986); for a primary text: Illenau in den ersten sechs Jahrzehnten...(1903) (Anon.).
- 61 Janzarik (1979) p 1; Middelhoff (1979) p 45.
- 62 Roller, although graduated from the medical faculty, did not possess a doctoral degree, which was in Baden at that time not necessary for a simple medical practice. He was given the *doctorate honoris causa* by the University of Heidelberg only in 1831. (Middelhoff (1979) p 37); Janzarik (1979) p 1).
- 63 For a wider historical context to romantic medicine, see for example the recent article by Marx (1990).
- 64 Compare the titles of the two leading German journals: the one edited by asylum-psychiatrists (editors: Damerow, Flemming and Roller): Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medizin, herausgegeben von Deutschlands Irrenärzten, in Verbindung mit Gerichtsärzten und Criminalisten (first volume 1844); and the one edited by Wilhelm Griesinger: Archiv für Psychiatrie und Nervenkrankheiten (first volume 1868).
- 65 Jetter (1966) p 219-21. Jetter makes the point that the Illenau is not just an imitation of the Charenton in Paris, but a true adaptation. Changes from the original included two-storey buildings instead of single-storey buildings for economic reasons, and a different location of the wards of calm and noisy patients, which did however remain strictly separate.
- 66 "*Das eigenthümliche Leben der Anstalt...*" Roller (1874) p 28.

67 Usually quoted in abbreviated form in the primary literature as Psychiatrische Zeitfragen.

68 Griesinger's views are here summed up from the perspective of Roller who does not give references. He was undoubtedly familiar with most of Griesinger's publications (see for a complete list: Wahrig-Schmidt, 1985), in particular Roller certainly knew the second edition (1861) of Griesinger's textbook of 1845: Die Pathologie und Therapie der psychischen Krankheiten. In his preface to the Psychiatrische Zeitfragen... (1874) Roller mentioned an "attack launched against asylums a few years ago" and I believe that he most certainly referred to Griesinger's article of 1868: *Ueber Irrenanstalten und deren Weiterentwicklung in Deutschland*.

69 Roller (1874) p 23.

70 Ibid. p 27.

71 On the principle of isolation and the following arguments see Blasius (1980) p 43 or Schrenk (1967) with an earlier version in article form and also his book (Schrenk (1973)), where the argument is fully elaborated.

72 Roller (1874) p 28.

73 See Middelhoff (1979) and a dissertation by Beck on the Illenau (1983). But above all see the primary literature on the Illenau. The most important here are the *Festschriften* on the Illenau: (Anon.). (1892). Illenau's Goldenes Jubelfest. 27. September 1892.; Schüle. (1892) Festschrift zur Feier des fünfzigjährigen Jubiläums der Anstalt Illenau.; and (Anon.) (1903). Illenau in den sechs ersten Jahrzehnten seiner Wirksamkeit. Mit zwei Bildern und zwei Lageplänen. Herrn Geheimrat Direktor Dr. H. Schüle zu seinem vierzigjährigen Dienst-Jubiläum.

Further the contemporary statutes and descriptions of the Illenau: (Anon.) (1852). (ed: Direktion Illenau). Illenau die grossherzoglich Badische Heil- und Pflegeanstalt. Statut, Hausordnung, Krankenwardienst, Bemerkungen und Nachrichten als Auskunft für Behörden und Angehörige der Kranken.; and:

(Anon.) (1865). (ed. Direktion der Grossherzogl. Heil- und Pflegeanstalt Illenau). Illenau. Geschichte, Bau, inneres Leben. Statut, Hausordnung, Bauaufwand und finanzielle Zustände der Anstalt. Mit Ansichten und Plänen in 24 Blättern.

Lastly, I have used references to the Illenau in obituaries of its medical directors Roller, Hergt and Schüle. See M. Fischer (1902) on Roller and entries: Roller, Hergt and Schüle, in Kirchhoff (1921/24).

74 For instructions given specifically to the nurses of the Illenau see the two *Festschriften* on the Illenau. (Anon. 1852 and 1865).

75 See Geduldig (1975) for a full exposition of the history of non-restraint in Germany.

76 Marx (1967) and (1968).

77 Quoted in Marx (1968) p 241.

78 (Anon.). (1903)). Illenau in den sechs ersten Jahrzehnten... p 7.

79 Beck (1983) p 123.

80 See picture-part of (Anon.). (1865). Illenau. Geschichte. Bau. inneres Leben... p XVI.

81 Beck (1983) p 123:

- musical performance in the big hall: 6
- musical performance in the women's ward: 6
- performance of religious music in church: 1
- serenades: 6
- songs at baptisms, weddings, funerals: 14
- Christmas singing: 2
- four-part choir in the services of both confessions: 65
- chorales on festive days: 4
- open air music: 42
- dance music in the big hall: 11
- music and songs on festive days and on important visits: 11
- music in the big court with chinese lanterns: 2
- music during theatre performances: 4

82 Krafft-Ebing (1865) *Ein forensisch falsch beurtheilter Fall...* p 100.

83 It was usual for an asylum to have its own cemetery and for its psychiatric staff to get buried in it. I do not know till when exactly this custom lasted, but certainly Werner Nasse, medical director of the important asylum Siegburg was buried there in 1889 (see Allgemeine Zeitschrift f. Psychiatrie (45) p 1\* (after p 636).

84 Heinrich Lachr published a description of asylums in German-speaking countries which appeared in several editions from 1875, and also a sort of sentimental diary of events in psychiatry, also in several editions. After his death his son Hans Lachr continued this tradition. For a sample of this literature see bibliography.

85 Selected from a list in (Anon.). (1903). Illenau in den sechs ersten Jahrzehnten... p 19.

86 A short history and description of this journal is given in (Anon.). (1903). Illenau in den ersten sechs Jahrzehnten... pp 33-35. I have not been able to consult it directly.

87 (Anon.). (1892). Illenaus Goldenes Jubelfest... p 22.

88 Schüle (1903) p 306.

89 Fuchs (1924) p 174.

90 Ibid. p 174: ..." he <Krafft-Ebing> granted himself a holiday to recover, which this time led him to Italy. More than the wonders of nature and of culture, he was captivated by the psychiatric and neurological institutions, and the holiday thus turned once more into a period rich in work and study."

91 Schüle (1903) p 308.

92 Ibid. p 313.

93 Ibid. p 313.

94 Ibid. p 324. That Billroth was an excellent musician is well known, see for example the recent biography by Absolon (1979-87). In addition, Dr Absolon informed me that Billroth played with many different people, but that there was no evidence for a closer - musical or personal - relationship between Krafft-Ebing and Billroth for either the time at Zurich or for later when both were professors in Vienna. If anything the two did not get on too well - at least it is known that Billroth once publicly called Krafft-Ebing "a swindler" for hypnotising at a social gathering. See Szeps (1938) pp 132-33); also chapter 7.

95 Schüle in Brandt (1913) pp 26-27.

- 96 This is a theme touched on or implied in many of his works. A clear exposition of "humanity" - and the difficulty for society to pay for a sufficient service - can be found in Krafft-Ebing's description of Gheel, which contains some of his early views on lunatic care in general. See Krafft-Ebing (1867) *Ein Besuch in Gheel* ..., especially pp 684-85.
- 97 Schüle (1903) p 313; Schüle(1913) pp 24-25.
- 98 Krafft-Ebing (1865) Mania transitoria... p 8 with a reference to a case in 1858 needing a straight-jacket; and Krafft-Ebing (1867) *Ein Besuch in Gheel...* p 673 with a reference to a case of 1866. For a general history of the non-restraint movement in German-speaking countries see the medical-historical dissertation by Geduldig-Jacki (1975).
- 99 Krafft-Ebing (1866) *Gerichtsärztliches Gutachten* ... p 367, and Krafft-Ebing (1868) *Nach Schlägen auf den Kopf* ... p 256.
- 100 Krafft-Ebing (1868) Die transitorischen Störungen... p 107 and Krafft-Ebing (1868) *Nach Schlägen auf den Kopf* ... p 253.
- 101 Krafft-Ebing (1866) *Gerichtsärztliches Gutachten* ... p 367.
- 102 Ibid. p 363.
- 103 Ibid. p 367.
- 104 Ibid. p 367 and Krafft-Ebing (1869) *Sexuelle Verrücktheit* ... p 328.
- 105 Such modern value judgments on the part of historians have more recently received some convincing criticism by Porter (1990) who selected the example of hysteria and challenged the different value judgements attached to some of its treatments: psychological as sympathetic, juxtaposed to somatic as violent. It can be added that other historians (for example Max Neuburger (1945) saw Reil's therapeutic suggestions as cruel and these were - at least for Reil - psychological. The main point seems to be that as far as therapies go, doctors think differently than historians. Many medical therapies, then as today, are "cruel" if this is synonymous with "painful" or "invasive".
- 106 Krafft-Ebing (1869) *Sexuelle Verrücktheit* ... p 328.
- 107 Krafft-Ebing (1869) *Willenslähmung der unteren Extremitäten* ... p 153.
- 108 Krafft-Ebing (1864) Die Sinnesdelirien. p 50.
- 109 The first case was published as Krafft-Ebing (1868) *Nach Schlägen auf den Kopf*... pp 249-57; the second case was published in Krafft-Ebing (1868) Die transitorischen Störungen... pp 73-74.
- 110 Schüle (1903) p 308.
- 111 There is a medical-historical dissertation by Salvetti (1984), in fact the only dissertation on Krafft-Ebing so far, which focuses on the *Gefäßpsychopathologie*. The label *Gefäßpsychopathologie* (psychopathology based on the function of vessels) seems, as far as I can tell, to be Salvetti's modern term. Schüle's contemporary summary of the model was that "the vasomotor system, which accompanied every emotion represented the true 'psychic' nerve ... it was therefore probably the looked-for physiopathological base to the 'affective' psychoses." (quoted from Schüle (1903) p 308.)
- 112 Schüle (1874) Sektionsergebnisse bei Geisteskranken nebst Krankheitsgeschichten und Epikrisen; the book contains 19

detailed clinical cases who were dissected by Schüle after their deaths in the Illenau. (There is also a table of 24 shorter cases of dementia paralytica in the middle of the book.) The date and times of dissections are given and it appears that corpses were dissected at different times of the day such as 1 pm (p 30), 8 pm (p 112) or 11 pm (p 156).

113 At least the two cases written up by Krafft-Ebing in 1868 (*Zwei Fälle von extremer ...*) were examined histologically by Schüle, with the implication that the macroscopic dissection had been performed by Krafft-Ebing; see his statement on p 325.

114 See Krafft-Ebing's textbook of 1879/80: the third volume based on 156 cases contains many cases where the results of the dissections are added. These were all Krafft-Ebing's cases and it is often possible to decide whether they were treated at the clinic in the general hospital in Graz or at the Feldhof asylum. The doctor performing the dissection is however not stated, so we can not be sure that it was Krafft-Ebing himself.

115 Schüle (1903) p 309.

116 Krafft-Ebing (1869) *Ueber die prognostische Bedeutung ....*; quote p 443; figure p 444.

117 Mariagrün meant looking after the welfare of individual patients in a very direct, day-to-day sense. See chapter 3.

118 Schüle (1903) pp 307-308.

119 See chapters 4 and 5.



## **Introduction**

Krafft-Ebing was at Graz from 1873 until 1889. During this period of 16 years at Graz his activities were varied and complex: he was involved in three different institutions and acted as a clinical psychiatrist (for hospitalised and outpatient patients) as well as a university teacher. The three institutions were: 1) Feldhof (a large provincial asylum on the outskirts of Graz where Krafft-Ebing was medical director between 1873 and 1880). 2) a psychiatric ward of 24 - 50 beds within Graz general hospital, called a *Klinik* or clinic,<sup>1</sup> (providing the professor of psychiatry with clinical teaching material). The clinic opened in May 1874 and Krafft-Ebing was in charge until he left Graz in 1889. 3) his private sanatorium Mariagrün with a maximum of 40 beds. It opened in 1886 and he continued as a consultant after he moved to Vienna in 1889.

These three settings differed considerably in their explicit goals, type of administration and the numbers, diagnoses and characters of their patients. Each therefore posed different problems to Krafft-Ebing and provided him with different clinical experiences, subsequently reflected in his written work. This chapter will explore the histories of each of these institutions, their buildings, staff and their patients, because - I suggest - they represent the key to understanding how Krafft-Ebing was trying to shape psychiatry.

The story of Graz, as I understand it, is that Krafft-Ebing did not just passively accept his patients. On the contrary he actively tried to change things, for example by using faculty politics. He thus managed to get out of one institution, Feldhof. He fundamentally changed the second, the clinic, and created the third, Mariagrün. He tried to get those patients he wanted and actively tried to dispose of those he did not want. In the language of the time he strove towards "good patient material", a term he used repeatedly. Krafft-Ebing's perception of a "good" or a "bad" patient, of course, directly links up with his view of psychiatry's goal.<sup>2</sup> We will see in more detail which patients Krafft-Ebing actively selected as time went on. The criteria he used appear to be whether he could publish case reports on them and whether he could use them for teaching purposes, but also whether he could cure them.

**Table:**

Krafft-Ebing's involvement in three different institutions

	1870	1875	1880	1885	1890
Feldhof	1873	*****	1880		
clinic		*****	1889		1874
Mariagrün				(Vienna) ***** 1886	

As the above table shows, Krafft-Ebing was never simultaneously engaged in all of these three institutions. Working in Feldhof, a drab and always out-dated country asylum with about 300 beds, was an

obligatory duty to be taken on together with the chair of psychiatry. Its chronic inmates gave him the opportunity to confirm his views on degenerative heredity and to study a large number of forensic problems. He tried at first to renovate Feldhof and improve the situation, but managed in 1880 to hand the asylum over and concentrate exclusively on his clinic. This clinic was much smaller, had a greater turnover of patients, and greater variety of diagnoses and medical activity. He further modernised it by the adding a ward for nervous disorders which catered for many hysterical patients. The Graz clinic was in many ways the ideal surrounding for Krafft-Ebing's teaching and research activities. Mariagrün, his private sanatorium, lastly, was his own brainchild. It reflected his taste (he had a say in the architectural design) and his ideas about at least one sector of psychiatric care. The creation of Mariagrün was, effectively, a means of combining Krafft-Ebing's vision of an ideal asylum à la Illenau (Mariagrün was a small Illenau) with his increasing preoccupation with one of the most fashionable diseases of the time: neurasthenia.

### **History of medical teaching and medical care at Graz**

Graz was a university with little medical tradition. In spite of numerous attempts at integrating medical teaching it did not possess a medical faculty until 1863.<sup>3</sup> It would be misleading to compare Graz directly with universities such as Vienna and Prague whose medical faculties dated back to their foundations in 1365 (Vienna) and 1348 (Prague) respectively. The Graz medical faculty,

which Krafft-Ebing joined in 1873, was not a place of high prestige at the time.

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But the discipline of psychiatry was not particularly prestigious anyway and a psychiatrist might take up a university post in Graz simply because there were few other options. In addition, Graz, in spite of its barely established medical faculty and its geographical situation very close to Hungary -thus turning it into a cultural and social outpost of Germanic civilisation - could still serve as a springboard to something better (like Vienna).

As for the care and institutional organisation of Styria, the modern era started with Joseph II, Emperor of Austria, who in 1788 opened the General Hospital in Graz (*Allgemeines Krankenhaus*), one of many humanitarian institutions he created.<sup>4</sup> As was typical of the period, the new hospital served as a general hospital, poor house, orphanage, madhouse and lying-in ward. The buildings were built onto an old cloister and numbers of beds ranged from 80 for the general wards to 55 for the orphanage to about 35 for the madhouse. Subsequently, numbers of mental patients started to build up around the turn of the century: the initial ward of the general hospital had consisted of 35 beds in 1788; by 1819 there were over 100.<sup>5</sup>

This sharp increase in patients diagnosed as mentally ill was happening throughout Europe.<sup>6</sup> The Enlightenment idea of providing a cure for the mad led to a boom in asylum construction at the beginning of the century. But within this development Styria (and its capital Graz) was lagging behind, even compared to the

rest of Austria (where asylum-construction began later than in, for example, Germany).

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Under the pressure of increasingly overfilled wards and the deteriorating conditions of care, the local health authorities were finally forced to react in 1827. Their first attempt to solve the problem of mental care was the acquisition of the *Röckenzaun'sche Häuser*, a formerly aristocratic private residence in the middle of the town. These buildings catered for about 150 patients and served as an asylum till as late as 1872 - increasingly badly, since patient numbers continued to grow. The construction of a proper, separate, mental asylum became steadily more urgent and was finally agreed upon by the local government in a *Landtagsresolution* of 19th February 1863.<sup>7</sup>

By the time Styria got round to constructing its first mental asylum, the original 18th century idea of curing the mad had proven to be an idealist vision and the reality of these institutions made the emphasis shift to care. Much of the initial optimism had vanished and asylums started to degenerate into stagnant custodial places fighting an increasingly hopeless battle against the overflow in incurable patients.

### The history<sup>8</sup>

The government decided to build a separate asylum for Graz in 1863, but it was to take several years before Feldhof was finished, since the planning and building phases were tedious and protracted. Plans were changed repeatedly, the initial building site was dropped as unsuitable, new explorations conducted and construction works finally began at the end of 1871. Johann Czermak was offered the post of medical director and moved to Graz to oversee the work. Unexpectedly he died in July 1872 and Dr Koestl, the retired director of the Prague asylum, had to take over. It was under him that Feldhof opened its doors - unofficially and rather dramatically: in December 1872 a variola epidemic hit Graz and the now 200 mentally ill, living under totally unhygienic and hopelessly overcrowded conditions, had to be transferred in an emergency action into the unfinished buildings.<sup>9</sup> Construction work was completed at the beginning of 1873; the official festivities organised by the University and the opening of the house chapel took place only on 27 April 1874.<sup>10</sup> By then Köstl had retired again and Krafft-Ebing had been the medical director of Feldhof for almost a year.

### Inadequate buildings and patient overflow

Not only the beginnings of Feldhof were difficult. It soon became apparent that the buildings were outdated and misplanned from the

start. In its architecture it followed the style of Brno (*Brünn*) in Moravia, built in 1863: like that asylum it was intended to cater for about 300 patients housed in different pavilions. There is no detailed description of Feldhof and no plan of its original shape: the only available plan, published together with a picture of the asylum, shows Feldhof at a later date (before 1912, no date given) and already considerably enlarged.<sup>11</sup>

Renovation work had started at Feldhof almost as soon as the buildings were officially completed. The main problem was the miscalculation of space needed, but there were also problems with the character of the wards. Feldhof had opened with 203 patients in 1873, but by 1880, the last year of Krafft-Ebing's directorship, it had 516 patients, and numbers increased steadily with 310 new admissions but only 248 patients discharged (by referrals or death) that year.<sup>12</sup> Wards had to be added to accommodate this increase and several daughter institutions were opened. The first of these was Lankowitz (1877) for 120 women, followed by Kainbach (1883) for 100 men, Hartberg (1887) for 30 men and 30 women and Schwarzberg (1892) for 200 patients.<sup>13</sup> Facilities for patients' care in these smaller places were even less sophisticated than those in the main building and therefore the most chronic patients were referred to the daughter institutions.

Table:

Increase in patients over the years at Feldhof and its daughter institutions<sup>14</sup>

	numbers of patients: Feldhof	daughter institution
1872	built for 320	
1873	opened with 203	
1877	392	Lankowitz: 120
1878	412	
1879	439*	
1880	516	
1881	578**	
1883		Kainbach: 100
1887		Hartberg: 60
1890	(647)***	total of patients: 927
1892		Schwarzberg: 200
1893	500****	

It soon became obvious that Feldhof was not only too small, but had fundamental planning faults thus violating some basic principles recognised as modern in the 1860s/70s. One of these modern tenets was to refrain from using restraint (such as straight jackets).<sup>15</sup> Since the resolution to reform the care of the mentally ill in this way did not diminish the number of violent and dangerous patients, isolation cells were needed where such patients could be kept safely.

In Feldhof there were only 4 isolation cells, which proved to be far too few and - initiated by Krafft-Ebing and followed up by his successors - more such isolation wards were added over the years: 2 wards containing 34 cells in 1882, increased to 74 cells by 1888.<sup>16</sup> Consequently, Feldhof's initial lack of isolation wards, euphemistically called an "open system", far from providing any freedom for its inmates rather forced the psychiatrists to resort to restraint, an out-dated method of care. In addition, Feldhof was far



from providing a healing environment: it lacked all the facilities that other, better asylums - like the Illenau - were so proud of, such as a park. There were also insufficient baths - and warm baths designed to calm patients were at the time one of the few therapeutic interventions possible. Such architectural mistakes in size and character may have partly been due to misguided optimism as to the type of asylum actually needed; partly they may reflect the simple fact that Styria had not enough public money to invest in its healthcare. In summary, Feldhof was too small, too outdated and insufficiently equipped for modern psychiatric care of the time. In addition, as the main asylum for Styria, an area underserved with psychiatric beds, it could admit only the most disturbed patients.

#### Krafft-Ebing at Feldhof

Krafft-Ebing started his job as medical director at the end of May 1873 and resigned from it at the end of October 1880.<sup>17</sup> At Feldhof he collaborated with two assistant doctors of whom the senior one, Johann Zach, took over as interim director when he left.<sup>18</sup> (His regular successor was Fridolin Schlangenhäuser, who was appointed as a private lecturer (*Privatdozent*) at the University of Graz in 1882; he stayed till 1895.<sup>19</sup>

Krafft-Ebing mentioned Feldhof in a number of publications and it becomes only too apparent that he was not happy there. His tone was bitter and even he, whose style was usually very factual, resorted to satire and polemic.

In a short monograph of 1879 - Der Stand der Irrenpflege in Steiermark. Ein Nothstand (The state of psychiatric care in Styria. A crisis) - written shortly before he managed to retire as medical director, he concluded that Feldhof could only be used as a care- and not a cure-institution. It was therefore not living up to its original purpose and ought to be replaced by a new asylum.<sup>20</sup> In addition to a few potentially constructive points such as the urgent call for more isolation wards, his criticism was devastating:

We leave aside public opinion, which has argued that this particular site near Graz should never have been chosen for a mental asylum, because it is a field exposed to the storms as well as the heat of the sun, with bad connecting roads to the town and with a park that has remained a pious wish for the future. Whilst it cannot be denied that the very simple architectural design of this asylum could well serve a mass-catering of chronic, mostly incurable patients, it is hardly suited for an institution aiming to cure.<sup>21</sup>

The patients were described as follows:

Among the reasons for the disturbed patients' wards being so particularly overcrowded are the following: there is a very large number of patients who suffer from periodic outbursts of rage or dangerous insanity due to epileptic fits; furthermore the number of paralytics - who are all disturbed from time to time - is disproportionately high; lastly there is a considerable number of criminal lunatics, namely those who have committed a serious crime while mentally deranged, have been certified by the authorities, and have been placed in an asylum for the rest of their lives. All the above mentioned categories of patients cannot safely be kept in any other ward of the asylum than the isolation ward, since the building is designed for an open style of care.

In addition there is a further drawback: those patients who are only temporarily excited and are then not tenable in a quiet environment because of screaming, noisiness, attacks and fits of destructiveness, can not be kept on their own wards because there are no isolation cells. They also need to be referred to the isolation ward. This ward, already overfilled with screaming and disturbed individuals, is not contributing at all towards calming these potentially curable patients, on the contrary it worsens their condition if not rendering them incurable.<sup>22</sup>

Krafft-Ebing's opinion is neither surprising nor exaggerated in view of the problems related above. He had probably accepted his position at Feldhof in the first place because it was the only available opportunity to get a lectureship in psychiatry. At the time one had to be the medical director of some asylum in order to be a professor, because the patients were needed for demonstrations during lectures.<sup>23</sup> Increasingly frustrated with the worsening conditions during the 1870s, he fought for improvements for a number of years and then shifted focus to fighting for his replacement.

### The patients

There exist in print several tables with patient statistics of Feldhof referring to the years 1877 and 1878. These are of interest because they contain information which backs up Krafft-Ebing's opinion and which merits further analysis. Since there exist similar tables for the other two institutions explored - the clinic at Graz and Mariagrün - it is also possible to compare these institutions.

The tables presented here show the following:

- 1) total of patients and outcome of their treatment
- 2) age of patients
- 3) length of stay
- 4) diagnoses of admissions
- 5) diagnoses of exits
- 6) reasons for admission

The first three tables are numerical, whilst the last three describe the type of patients cared for (or rather: they contain the contemporary psychiatric judgements on these patients). All six tables were compiled by Johann Zach, at that time first assistant to Krafft-Ebing at Feldhof, and published in the Jahrbücher für Psychiatrie, the official Austrian psychiatric journal in 1879.<sup>24</sup> Zach did not comment on his data but merely published them.

### Methodology

All information is Zach's but the tables have been graphically adapted, in order to simplify and clarify them; in particular I have added percentage figures (printed in bold font).<sup>25</sup> In my comments I have avoided any attempt at a retrospective diagnosis.<sup>26</sup> All diagnoses used are contemporary (in literal translation); equally all clinical comments such as "cured", or "same" reflect the contemporary opinion of Zach or Krafft-Ebing. Although technically speaking the tables are Zach's, I think it justifiable to treat the information as reflecting Krafft-Ebing's opinions. It is unlikely that he, as the medical director, would have allowed his assistant to publish official statistics with which he disagreed.<sup>27</sup> Whilst the tables are probably trustworthy, the clinical judgements are certainly not comparable to those in other people's tables (such as those of the clinic). Diagnostic categories used vary widely between Zach and others and so some caution is advised.<sup>28</sup>

1) table:

total of patients and outcome of their treatment  
(relating to 1 January 1877/ 1878: figures of male and (female) patients, or totals)

	total	admissions	exits:					total	total
			cured	impr.	same	died			cared for
-----									
1877	206	155	26	32	63	50			
	(186)	(131)	(43)	(13)	(18)	(21)			
	<u>392</u>	<u>286</u>	<u>69</u>	<u>45</u>	<u>81</u>	<u>71</u>	<u>266</u>		<u>678</u>
1878									
	190	126	19	22	38	36			
	(222)	(129)	(38)	(25)	(23)	(27)			
	<u>412</u>	<u>255</u>	<u>57</u>	<u>47</u>	<u>61</u>	<u>63</u>	<u>228</u>		<u>667</u>

The ever-increasing total of patients has been discussed above. The statistics for the years 1877 and 1878 showing increases of 20 (1877) and 27 (1878) bear out this point. The average increase per year in the four years between 1873 and 1877 was higher at more than 40 patients a year, and the subsequent increases were even higher - 77 patients in 1879, and 62 in 1880.

The table shows a relatively stagnant flow of patients with 60% of those cared for already in the asylum at the beginning of the year. This will be compared to the more dynamic clinic below. Of the 266 (228) patients who left in 1877 (1878) - which corresponds to 36% of all patients cared for - more than half showed no improvement or died. The overall death rate was 10% in 1877 and 9% in 1878 but may have been as high as 16% (in 1873).<sup>29</sup>

According to Krafft-Ebing's statements in his textbook, his own asylum fared badly: the figure given for recoveries in "better asylums" ranged from 20%-60%.<sup>30</sup> Since Feldhof achieved a cure-rate of 9% - or a cured plus improved rate of 16% - Krafft-Ebing once more spelt out how bad an asylum it was. (It is not totally clear whether this corresponded exclusively to the category "cured" used in these tables or to the sum of "cured" and "improved").

Lastly, the table does not show any significant gender distribution. The contemporary opinion was that there were more women in asylums as a rule; this was explained by the longer life-span of women rather than a higher morbidity.

2) table:

age of patients cared for in Feldhof  
(figures are totals of patients; Zach breaks down into gender which does not show significant differences. Percentage figures are based on the arithmetic means of the two years)

age	1877	1878	%
<hr/>			
<10	-	1	< 1
10-15	3	2	< 1
16-20	30	30	4
21-25	60	63	9
26-30	91	78	13
31-35	105	107	16
36-40	95	85	13
41-45	99	108	15
46-50	80	63	11
51-55	60	76	10
56-60	40	30	5
61-65	15	16	2
66-70	7	4	1
71-75	2	2	< 1
76-80	1	1	< 1

This table shows a relatively even distribution of patients' ages, normally ranging from 20 to 60 years. Less than 6% were under 20

(with less than 2% children under 15) and Feldhof was definitely not over-aged with less than 5% only over the age of 60. It was not unusual to hospitalise children in asylums, but it was not numerically significant. The high death rate can not be explained by old age, as so few patients were over 60, but must be explained by the nature of the conditions treated.

3) table:

length of stay of those patients who leave Feldhof  
(figures here are totals of patients; Zach breaks down into gender which does not show significant differences)

	till 1 month	1-3 months	3-6 months	6-9 months	9-12 months	1-2 years	2-3 years	3-5 years	more than 5 years
1877	1	13	36	44	31	86	20	27	8
1878	17	37	68	24	18	33	11	15	5
arith. mean	9	25	52	34	25	60	16	21	7
%	4	10	21	14	10	24	6	8	3

This table suggests an average stay of around 16 months with - as the percentage figures demonstrate - quite an even distribution. Note that the patients listed here were those who left Feldhof, either by being discharged (26%) or because they died (10%) - we are therefore only dealing with a third (or 36%) of the patients cared for. The remaining two-thirds who stayed, clearly stayed longer. In other words, an average of 145 of 673 patients cared for - that is 22% - left the asylum within one year (with only 16% leaving alive). These figures confirm the chronicity of the asylum.

4) table:

diagnoses of those patients who were admitted to Feldhof  
(figures of male and (female) patients, or totals; percentage figures added by me)

	mania	melancholia	prim/sec madness	de- mentia	para- lysis	epilepsy
1877	23 (29) <u>52</u>	19 (38) <u>57</u>	44 (36) <u>80</u>	12 (7) <u>19</u>	49 (16) <u>65</u>	8 (5) <u>13</u>
%	1 8	2 0	2 8	7	2 3	5
1878	22 (35) <u>57</u>	26 (42) <u>68</u>	31 (29) <u>60</u>	8 (8) <u>16</u>	28 (11) <u>39</u>	11 (4) <u>15</u>
%	2 2	2 7	2 4	6	1 5	6

5) table:

diagnoses of those patients who leave Feldhof  
(figures are here totals of patients; Zach breaks down into gender which shows a distribution comparable to table 4)

	exit	mania	melancholia	prim/sec madness	de- mentia	para- lysis	epilepsy
1877	cured	36	30	-	-	-	3
	impr.	7	8	18	-	7	5
	same	1	4	39	23	9	5
	died	6	5	9	10	32	9
% diagnosis		1 9	1 8	2 5	1 2	1 8	8
1878	cured	29	25	-	-	1	2
	impr.	8	17	13	2	5	2
	same	7	6	28	6	13	1
	died	10	4	7	8	30	4
% diagnosis		2 4	2 3	2 1	7	2 1	4

Table 4 and 5 show that approximately 1/5 of all asylum patients were suffering from either mania, melancholia, primary/secondary madness or paralysis. Dementia and epilepsy were less frequent, adding up to another 1/5 of all patients. Unlike for other parameters in this section, significant gender differences appear to exist: more



men than women were diagnosed as suffering from epilepsy, primary/secondary madness, and paralysis. (The highest difference in gender distribution was in paralysis). By contrast, more women than men were diagnosed as manic and melancholic (with an especially significant difference in melancholia).

Although the figures vary too much between the two years described to allow for general conclusions as to diagnostic differences between in-coming patients and those leaving the asylum, it should be noted that within the categories mania, paralysis and epilepsy a roughly equal number of patients were admitted and also discharged. This means that the diagnostic categories were used in an inflexible way - once diagnosed a manic, always a manic. Mania, the tables indicate, had a high cure-rate, so many patients would be discharged under this label. Paralysis, too, was a diagnosis which was given once and for all, but in this case the most likely outcome was death. By contrast, a small proportion of patients diagnosed as melancholic or as suffering from primary/secondary madness changed over time and lived on in the asylum (or eventually died) under the label of dementia.

On the whole, however, the tables show very similar figures for admissions and exits. This indicates that theory and practice were not identical. Krafft-Ebing's theoretical text gives the impression that the process of diagnosing patients was a rational enterprise based on the actual clinical picture displayed at any given time. For example he said that the end result of mania was agitated dementia and the end results of both melancholia and fits of rage was an

apathic form of dementia.<sup>31</sup> We would therefore expect many more demented patients amongst those leaving Feldhof than amongst those getting admitted, which is not the case. The figures seem to indicate that diagnostic activity was almost as unchanging as the potential fate of the patients.

6) table:

reasons for admissions

(Again I have simplified this table leaving out the gender differences, for some comments see text below.)

	1877	%	1878	%
-----	-----	-----	-----	-----
total	286	(100)	255	(100)
----	----	----	----	----
heredity	104	3 6	88	3 5
puberty	3	1	2	<1
menopause	12	4	4	2
puerperium	11	4	12	5
inborn brain defect and neuropathic constitution	11	4	18	7
senile atrophy of brain	4	1	5	2
moral reasons	5	2	10	4
alcoholic and sexual excesses	59	2 1	52	2 0
stress/fight f. survival	1	<1	5	2
acute illness	14	5	4	2
chronic illness	10	3	8	3
head trauma	15	5	16	6
prison	-	-	1	<1
masturbation	14	5	21	8
not known	73	2 6	56	2 2

The most frequent categories are: heredity, not-known and alcoholic and sexual excesses. That more than a third of all admissions were - in Krafft-Ebing's view - caused by heredity, is yet another indication for how prominent degenerationist thinking was in his model. Unfortunately, in view of Krafft-Ebing's specific interest in sexual factors, the category given here is combined with alcohol (which was also very frequent at the time).

The table suggests that Krafft-Ebing did not claim to have the answer in as many as a quarter of his patients. This may be interpreted as modesty. It is probably not the result of sloppy history taking, since the many printed case-histories demonstrate how much effort was put into finding out possible reasons for the illness. Most likely this high percentage of "not-known" was a reflection of the already established chronicity of patients at the time of admission. Questions asked could no longer be answered either by the very deranged patient or by his relatives, who would just report that the patient had been like that for a long time.

Apart from menopause and puerperium which relate to women only, there are significant gender differences in: head trauma (24 men/7 women, figures for the two years added) and in alcoholic and sexual excesses (85 men/26 women); all 35 patients who became ill through masturbation were men.

In summary of the above tables, we arrive at the picture of Feldhof during these years as a hospital with a distinctly ill patient population. Only seriously ill patients were admitted and 10% of all patients died. But from the point of view of managing the asylum, it was worse in that it was a very stagnant place. Of a total of 673 patients (average) 402 or 60% were more or less chronic and changes only occurred with the remaining 40%. The fate of these 40% was far from positive; most of them left the institution either unchanged or dead.

As for the 60% of chronically ill patients, only a few facts may be derived. Since the table with patients' ages relates to the whole of the asylum population, we know that they, too, were not over-aged. However, they cannot be categorised diagnostically from the data given.<sup>32</sup> Krafft-Ebing claimed that he cared for lots of paralytics and epileptics and it may well be that there were higher percentages of these categories than table 4 and 5 show, if both illnesses led to chronic conditions. Lastly the many criminal lunatics, also mentioned by Krafft-Ebing in his description of Feldhof, are important here. They were sectioned to the asylum after their crimes which had been committed - in the eyes of the psychiatrists - under the influence of mental derangement (and that could mean any of the used 6 diagnostic categories). Many of these patients may well have recovered from their temporary condition, but still had to be locked up for the rest of their lives. Since they stayed on, they may distort the statistics significantly. Hence the asylum fulfilled the role of a prison and a major part of its custodial nature was due to this

category of patients. The deeper and sadder irony, of course, is that it was Krafft-Ebing's personal interest in forensic psychopathology that presumably got him involved in such a disproportionately high number of cases of criminal lunacy. Although technically speaking he did not section these people to his asylum, he wrote the forensic reports which resulted in their getting sectioned. He must thus have created in Feldhof a daughter institution to the main prison in Graz.

### **The psychiatric clinic in Graz**

When in December 1872 the 200 mentally ill of Graz had to be transferred to the not yet finished Feldhof asylum, their former home, the *Röckenzaun'sche Häuser* became empty. These houses were initially turned into a ward for obstetrics, but later 24 beds took on the status of a psychiatric clinic, also called a psychiatric observation ward. This psychiatric clinic opened on 2nd May 1874.<sup>33</sup> By the end of 1880 there were 31 beds and in 1884/85 this observation ward was enlarged by a ward for nervous disorders, the latter one of Krafft-Ebing's most cherished ideas and for which he had been fighting politically.<sup>34</sup> From then on, the numbers of beds of the observation ward and those of the clinic for nervous disorder were usually put together, adding up to 39 beds at the end of 1886, 50 beds at the end of 1887<sup>35</sup> and lastly 67 beds in 1893,<sup>36</sup> by which time Wagner-Jauregg had taken over from Krafft-Ebing.

This clinic, in other words, was an entirely different practical set-up from Feldhof: there were far fewer beds and the ward was part of the general hospital of Graz. The medical staff here consisted of Krafft-Ebing and two assistants. The first assistant was Hugo Gugl,

who was certainly there in 1880.<sup>37</sup> He was to continue working with Krafft-Ebing for many years. From 1886 Gugl - together with one Dr. Stichl - was in charge of the private sanatorium Mariagrün. He was also later to edit the last revision of the Psychopathia Sexualis.

### The patients

Fossel, a contemporary hospital statistician, published data on the clinic relating to 1886/1887, as part of an official statistic of the general hospital in Graz.<sup>38</sup> This information will give an impression of the kind of patient treated at the clinic and may also be used to compare the clinic and Feldhof.<sup>39</sup> The tables have been adapted and simplified.

1) table:

turn-over of patients in the clinic in 1887<sup>40</sup>

	men	women	total	all wards, total
-----	-----	-----	-----	-----
pats end 1886	24	15	39	504
-----	-----	-----	-----	-----
admissions				
new	415	357	772	7467
other wards	40	32	72	962
-----	-----	-----	-----	-----
total admissions	455	389	844	8429
-----	-----	-----	-----	-----
cured	84	39	123	4104
better	86	90	176	1972
not-cured	191	171	362	760
referred	66	69	135	962
died	27	10	37	577
-----	-----	-----	-----	-----
total exits	454	379	833	8375
-----	-----	-----	-----	-----
pats end 1887	25	25	50	558

This table, unlike the tables relating to Feldhof, compares the turn-over of psychiatric patients with that of all patients in Graz hospital, which in itself is interesting. Focusing first on the psychiatric ward only: the ward consisted of 39 beds occupied at the beginning of 1886 (50 at the end of the year) and had a considerable turn-over, given that 883 patients (hospitalised patients plus 844 admissions) went through Krafft-Ebing's hands during that year. Although there was a gain of 11 patients, this looks much less dramatic than the situation at Feldhof, since with 833 exits the figures distribute more evenly. Also the increase in beds over the years was not comparable to the situation at Feldhof.

The main statement of the table lies in the different outcomes of those patients that left the psychiatric ward: it shows that Krafft-

Ebing's patient population was remarkably ill. Of the 883 patients treated, 362 - or as many as 41% - remain specifically non-cured; an additional 4,1% die. This figure is still exclusive of the 15% who get referred to other wards of the hospital. There is a theoretical possibility that they were patients on the mend, but it is more likely that they were not. This leaves a success-rate in about a third of all patients seen (cured and better: 299).

We do not, of course, know how and by whom (Krafft-Ebing or Fossel?) these clinical judgements were made. On the other hand the same labels were used for other wards of the hospital and we therefore gain a comparative impression in any case. In 1886 the whole hospital, which consisted of 10 wards, had 504 patients and 8,429 admissions, thus catering for 8,933 patients. The 10 wards ranged in size from 9 beds for gynaecology to 117 for surgery; Krafft-Ebing's ward with its 39 to 50 beds was somewhere in the middle of the range.

The outcome of patients' treatment for the whole hospital was: 68% of all patients get better or are cured - if the psychiatric ward is excluded the success-rate goes up to 72%, i.e. almost three quarters of all patients as compared to psychiatry with its one quarter. The psychiatric ward is, in other words, pulling the hospital statistics down as far as cure is concerned. This difference is even more impressive if we look at the rates of non-cure: for the whole hospital: 9%; for the whole hospital without psychiatry: 5%; for the psychiatric ward (see above): 41%.



These latter figures are, of course, a direct measure of the chronicity dealt with on psychiatric wards. The inhabitant of Graz who was suffering from any medical, surgical, dermatological or other condition that had brought him into hospital in 1886, had a statistical chance of 3 in 4 to come out cured, and a 5% chance to remain uncured. All this looked very much dimmer once he set foot into Krafft-Ebing's clinic. He or she, did however, have a higher chance of surviving the experience than his friend on a medical or surgical ward. Death-rates for the whole hospital were: 6% - without psychiatry: 7% - and for psychiatry (see above): 4,1%. Psychiatry was less of a lethal discipline than some: the big killer was internal medicine with 12% (3 different wards), but not surgery, which had a death-rate only slightly higher than psychiatry (4.6%). The safest problem to have was an eye-disease (0.1% died).<sup>41</sup>

In short, apart from a reasonable death rate, Krafft-Ebing was running by far the least successful medical clinic of Graz. Although his psychiatric clinic was dynamic in terms of patients' flow, only a third of these patients showed any improvement.

Fossel's statistic carries on with a breakdown into diagnoses. There is a list of 73 diagnostic categories into which the 883 patients of 1887 fall. These diagnoses are, of course, very different from Zach's for the patients at Feldhof. Not only are there - with 73 instead of 6 - many more categories, but they also differ in character from those used by Zach. Unlike Zach's, Fossel's labels do not correspond to the psychiatric textbook classification of the day, in particular they are different from Krafft-Ebing's terminology. The impression one gains is that Fossel used more old-fashioned terms which were

presumably still valid currency for hospital statistics, but which did not reflect contemporary scientific opinion. For example, he used the term "vesania" frequently, a term rarely used by Krafft-Ebing and others.<sup>42</sup>

Instead of copying all the 73 diagnostic categories used by Fossel, the following table shows the most frequent diagnoses and the fate of those suffering from it (the cut-off point is mine and arbitrary/order in diminishing frequency). The table is moreover simplified; for example, I have only given totals of patients, irrespective of gender. (But see below).

2) table:

diagnoses of patients treated at the clinic in 1887

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diagnoses	pats		exit:						end 1887
	end 1886	adm.		cured	impr.	same*	ref.+	died	
hysteria	5	79		27	31	1	19	-	6
(hystero- epilepsy)	-	6		-	3	-	1	-	2)
dementia paralytica	2	82		-	6	72	-	4	2
vesania simplex	1	65		10	4	44	-	1	7
vesania epileptica	3	61		4	27	20	6	2	5
paranoia	4	56		1	2	54	2	-	1
alcoholism	-	51		26	6	13	5	1	-
neuralgia ischiadici	2	45		29	7	-	10	-	1
mania	-	38		4	2	31	-	-	1
melancholia	1	35		6	6	19	-	3	2
dementia	3	32		4	-	22	3	4	2
imbecillitas	2	32		1	1	30	-	1	1
delirium tremens	1	33		25	-	3	4	1	1
myelitis	3	29		-	10	3	10	3	6
neurasthenia	2	27		6	16	3	3	-	1
apoplexia	-	29		1	6	2	11	5	4
tabes dorsalis	2	19		-	10	4	5	-	2

This table makes different points about the frequency of different diagnoses: hysteria, the then so fashionable disease was also prominent in Graz; it was indeed the most frequent disease, at least if we add (in parentheses) hystero-epilepsy, a condition which was very closely related to hysteria in Krafft-Ebing's use. Hysteria is then

closely followed by dementia paralytica. Whether or not this category as used here coincided with the end-state of syphilis as explained about 10 years later, is not certain. It certainly is by definition of the table a disease with a relatively high mortality and a distinctly high rate of incurability, which, of course, fits the later description.

The clinic, as becomes apparent from this example, functioned as a passing-through ward: patients with dementia paralytica did not accumulate in it at all, but rather were discharged; not within the hospital in this case, but we know from Laehr's description that they were referred to Feldhof. (see below)

In diminishing frequency there follow vesania simplex, vesania epileptica and paranoia and then alcoholism, the first disease with a really good cure-rate. (But the cure may have been shortterm). Whereas paranoia and at least one of the vesanias seem to belong to today's domain of psychiatry, many diagnoses on Fossel's list would be categorised as "neurology" today. Some of these are beyond the cut-off point here because they were infrequent, and included labels such as "paralysis spastica spinalis" or "paralysis nervi facialis" (further divided into oculomotori, hypoglossi, mediani) or "para-, mono- and hemipareses". These are diseases which relate to peripheral, anatomical nerves as opposed to nerves in the abstract. This shortened table makes them look less frequent, because they were diagnosed within a more precise system than mental illnesses. Vesania was presumably an umbrella term full of distorted thinking in combination with unspecifically mad behaviour - all of which was gathered together under this heading.

The gender break-down (not included here) does not yield any unexpected results. The clinic as a whole catered for slightly more men than women (479 men/404 women in 883 patients). Certain diseases showed a typical gender bias, above all hysteria, which was almost by definition a female disease - with 80 women and only 4 men. In the case of alcoholism (and related problems like delirium tremens) the reverse was true: 49 men and 2 women; other diseases showed a balance, such as paranoia: 32 men and 28 women.

Laehr's description of the clinic in 1880 expressed in words what the figures have shown:

The observation ward accepts delirious and psychologically excited patients of all sorts from the other wards of the hospital. It serves as an observation ward for individuals of Styria, whose mental condition appears abnormal. It also serves as a cure-institution for acute psychological disorders, as long as the duration of these illnesses does not exceed two months. Patients who are chronically mentally ill are admitted to the provincial asylum. The university clinic is linked to this observation ward both by sharing the same rooms of the hospital and also by being under the same director. The professor is allowed to use the patients for teaching purposes. For those patients used for teaching, the educational fund will contribute towards daily care by paying 33 Kreutzer per day into the fund of the country Styria.<sup>43</sup>

## **Administration and teaching**

One important additional point implied in the above description is an administrative one: the clinic was part of a hospital and therefore hospital admission rules were valid. By contrast Feldhof as an asylum fell under different and incomparably more complicated

admission rules. Asylums obeyed elaborate legal regulations and clinics - at least some clinics - did not.<sup>44</sup> These rules were regionally different but in principle mentally ill patients in the 1880s could be put into an asylum only after at least one report had been written by an outside doctor (*Bezirksarzt*). This was also the case for patients who would have liked to undergo treatment voluntarily. It always took a minimum of several days to admit a patient and often considerably longer (up to 6-8 weeks), and this was heavily attacked by contemporaries. For example, Kraepelin pointed out that the accepted goal of starting treatment at an early stage of the illness was made impossible.<sup>45</sup> He argued that the rules were largely senseless and certainly did not provide full legal protection of the patient. These bureaucratic formalities were not only tedious but also circular because they did not necessarily involve a second opinion on the patients, but the certification written by one doctor was sent round to different offices for administrative stamps. The medical concern was, of course, that by the time the patient got into care, the situation had deteriorated and not much could be done. By contrast admission to clinics was a matter of few hours. Krafft-Ebing commented positively on these rules at Graz clinic in a later article written at Vienna, in which he stated that there had never been any difficulty with either the public or government officials arising out of lack of rules at the clinic.

Similarly, Krafft-Ebing repeatedly commented on problems of administration. For example there was a publication on Feldhof, which came out of a speech delivered to the society of psychiatrists in Vienna during the session 25-27th July 1878: "Ueber Nutzen und Ausführbarkeit der eigenen Regie in österreichischen

Irrenanstalten." (On the use and practicability of direct administration in Austrian mental asylums).<sup>46</sup> Krafft-Ebing here argued that asylums should be independent of outside bodies in their administration, i.e. that the medical director should have the exclusive power of management. Feldhof was not one of these asylums, unlike, for example, the Illenau. Feldhof's governing body was the *Landes-Ausschuss für Steiermark* (apparently a regional section of the department of Health) and there was a *Oeconomie-Verwalter* (economic administrator) in Feldhof.<sup>47</sup> The type of administration was generally important because it influenced the kind of patients admitted, and one big advantage of the clinic in Graz over Feldhof lay exactly in its different administration. Krafft-Ebing's publication was an attempt to change the administration of Feldhof.

Krafft-Ebing started to lecture at Graz in autumn 1874 as an extraordinary professor and was then made into an ordinary professor in 1885. He was only the second professor of psychiatry after Josef Czermak who had held the chair from 1870 (when it was created) until his death in 1872.<sup>48</sup> At first, the teaching took place in Feldhof exclusively, which was inconvenient and meant that the students had to travel out to the asylum - a one hour journey at the time. After 1876 Krafft-Ebing was able to teach more centrally, in the observation ward.<sup>49</sup> Feldhof would however continue to be used for teaching. In the early 1870s we know that it served for clinical demonstrations taking place once a week and that there was a two months' course in psychiatry on offer for future doctors, for example those who were writing a dissertation in psychiatry.<sup>50</sup> These

students would live in the asylum - which latter is very much Illenau style and tradition. When Wagner-Jauregg had taken over from Krafft-Ebing in 1889, he still took his students out to Feldhof several times during the academic year.<sup>51</sup>

The most important factor in teaching was the demonstration of patients. Writing in 1890 and looking back on his experiences in Graz, Krafft-Ebing mentions that he had demonstrated over 3,000 patients during 17 years of clinical teaching (including Strasbourg).<sup>52</sup> Distributed evenly over the academic year (approximately 40 weeks) this would be 4 to 5 patients demonstrated per week. Unlike classical asylum psychiatrists, Krafft-Ebing did not believe that this practical teaching did any harm to the patients but stressed that it was not a good idea to take the patient's history in public and said that students sometimes had to be warned with a "risum teneatis amici" not to laugh about a funny situation. Most importantly he believed that the demonstration of chronic patients and of the whole course of their illness, was crucial in order to depict clinical reality for the students. This was, in effect, a defence of asylum teaching, or at least presents an attempt to counter-balance the fashion to demonstrate acute patients only.

## **Mariagrün**

The third institution Krafft-Ebing was involved in was his own private sanatorium Mariagrün. This was very different from Feldhof or the clinic. The patients were private patients and nervous disorders (above all neurasthenia) were treated rather than psychiatric



illnesses.<sup>53</sup> Mariagrün patients were both wealthier and incomparably healthier than the patients hospitalised in the public institutions. They paid privately.

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### The history

In 1884 Krafft-Ebing approached his former assistants Hugo Gugl and Anton Stichl with the idea, apparently born a few years earlier, to found a private sanatorium for nervous disorders.<sup>54</sup> Together, they bought a substantial piece of land (10 *Joch*): two simple small houses surrounded by a large park which covered the main area of the so-called *Rosenberg*, a hill about 25 minutes walk from the centre of Graz. In spring 1885 construction work commenced on the main building, a house of more than 20 rooms in the style of a small renaissance castle.<sup>55</sup> This relative outer glamour was at least partly continued in the interior, although Krafft-Ebing apparently insisted that the only luxury of the buildings should be to promote hygiene. In practice this meant that the rooms were high and spacious, the corridors generous and that there was a system for ventilation as well as a modern central heating system.<sup>56</sup> The two existing buildings were renovated and one turned into a doctor's apartment, the other into a villa for more patients. All in all there were 26 rooms for 40 patients, plus several common rooms: a dining room, a music room, a room for conversation, a reading room and a billiards room.<sup>57</sup> Mariagrün opened its doors to patients on 1 June 1886.<sup>58</sup>

Unlike for Feldhof and the Graz clinic, there exist not only statistics of patients but also detailed contemporary descriptions of Mariagrün: what it looked like and what therapies were applied. The first of these is a short commercial brochure published by Gugl, Krafft-Ebing and Stichl shortly before the sanatorium opened: Prospect des Sanatoriums "Maria Grün" nächst Graz, 1886. The second is a more academic publication by Gugl and Stichl summing up their experiences after five years at Mariagrün: Neuropathologische Studien, 1892. As well as talking about various aspects of neurasthenia, Gugl and Stichl also published patient statistics of Mariagrün. The publication had both a propaganda and a commercial purpose and was written in the hope of convincing other doctors of the importance of sanatoria for nervous disorders.

Mariagrün served as a haven and idyllic retreat from the world for those who could financially afford it and were not too ill; those who were seriously ill, especially in such a way that others might take offence, were expressly excluded. Patients were considered after forwarding their medical history and promising to stay for a minimum of two weeks. They were then screened before admission and over time (probably with increased demand) admission became more selective.<sup>59</sup>

The treatments offered consisted of a wealth of unspecific measures and a few more directly medical interventions. There was the healing effect of nature and the peaceful and spoiling environment

of the institution. Contacts with difficult relatives were forbidden on the premises and generally the patient was shielded from all demands and possible worries.<sup>60</sup> Patients were treated very well, whilst at the same time given implicit permission to be difficult, irritable and demanding with the staff. Under the motto that "the impatient, sensitive, irritable patient needs an enormous amount of attention", the staff/patient ratio was higher than in other sanatoria, and the five nurses on the premises were near-angelic nuns from the order of Saint Vincenz de Paula.<sup>61</sup>

This rather spoiling approach was carried over into the diet: food was plentiful and chosen carefully - a full menu-plan was published in the prospectus of the sanatorium. As Gugl put it "they were of the opinion that a copious diet should be the rule, and would in any case be less harmful than the enthusiasm for a light diet".<sup>62</sup> The predictable result was that patients gained in weight: 5, 6, 10 and - in one case - 18 kilograms, which was seen as a sign of health.<sup>63</sup> Whilst alcohol was forbidden in some cases, the doctors did not subscribe to the modern tenet of general abstinence, but rather advocated its intake for other patients.<sup>64</sup> Those who suffered from anorexia and did not want to eat were - although force-fed - not put on the extremist Weir-Mitchell-Playfair diet advocated by other authors at the time, but were fattened up with a modified diet.<sup>65</sup> Mariagrün's preoccupation with the diet and digestion of its patients, was of course far from original. Krafft-Ebing and his assistants merely argued in tandem with authors like Möbius, Eyselein, Holst - that is the Germanic Beards - who all saw diet as a crucial part in the treatment of nervous disorders in the 1880s. The use of narcotica against sleeplessness was handled generously

and the reduction of morphium in cases of morphium-addiction was done slowly and gradually (as opposed to the faster procedure in closed institutions).<sup>66</sup>

The stay at Mariagrün, in other words, was made agreeable to the patient in many respects. This global permissiveness was however balanced with distinctly strict house-rules, which were seen as an integral part of therapy:

From the very start the patient has to be relieved of the burden to make the right decision - he has to learn to subordinate himself. Particularly valid for this purpose is a set of functional house-rules, which is often resisted at first, only to be praised and warmly defended later (after some battles) when its benefits have been recognised. Some will never see the value of such cumbersome rules, because they do not fit their indolence and habits. Thus a constant battle must be fought.

This is how the patient finds support in a protective scaffolding till he can re-find himself. At a later stage some even need a weaning off from <the doctor's> tutelage after one has thus spent much and intense time with them.<sup>67</sup>

The doctor acted as a benevolent and omnipotent parent using such therapeutic methods as "forceful rebuke" of the anxious patient failing to see any progress, or the "authoritative decision" to get discharged for the undecisive convalescent.<sup>68</sup>

But apart from making the decisions the doctor's role was above all to listen to the patient. In view of Freud's later invention of the "talking-cure" it is interesting to see to what extent talking is here already advocated. Not only are patients recorded for statements such as "trust has loosened my tongue, which gave me enormous relief", but there is also some theorising about verbal, cathartic communication.<sup>69</sup> Its main focus is however different from Freud's in

not stressing the actual technique or the content. Rather the ability to talk as such was seen as a diagnostic sign. Unlike the melancholic patient, who is shy, secluded, hostile towards the doctor, the neurasthenic patient seeks conversation and because he has the ability to trust, he feels comforted as a result.<sup>70</sup> The patient's prognosis - we read between the lines - really depends on his own will-power, but also on his ability blindly to trust the doctor. This latter is an outspokenly passive process: one patient characteristically improved after she became more amenable to psychological treatment - and the causality is thus expressed.<sup>71</sup> In keeping with this model Gugl in his conclusion deplored the fact that often not even youngsters, who should still be formable and impressionable could be healed these days because "... our time ... sadly ... neglects the discipline of the will and the natural subordination to authority".<sup>72</sup>

Since subordination to authority was seen as indisputably desirable, the doctor also tried to enforce his power by using hypnosis. By 1892, the time Gugl and Stichl were writing, hypnotism had certainly been used in Mariagrün - successfully according to Gugl - and in aid of re-enforcing medical power:

We see ourselves as pupils of Bernheim's school .... It is only to be deplored that in many cases where autosuggestions are overpowering, suggestive influence is made very difficult. But if, with patience and persistence, we achieve nothing but a **deepening of the subordination under medical authority** there is already obvious benefit. We have to thank suggestion therapy for numerous remarkable successes.<sup>73</sup>

In addition to the use of his personality the doctor had a number of more specific remedies up his sleeve. These consisted of various

pharmaceutics and physical treatments. Amongst the latter there was the use (albeit to a modest degree) of massage and a whole variety of different baths. Baths cost extra and were advertised in the brochure, which listed six different versions: full, warm bath with laundry and service; half-bath; sitz-bath; rubbing-down; pack-treatment and electrical bath.<sup>74</sup>

The patients

The following tables are based on a five year period. All information is Gugl's (he is the author of the relevant chapter) but the tables have been adapted graphically.

**1) table:**

number of patients treated in Mariagrün during the five years from 1 January 1887 to 31 December 1891.<sup>75</sup>

	men	women	total of patients treated
1887	47	40	87
1888	35	33	68
1889	40	32	72
1890	39	36	75
1891	41	37	78
total	202	178	380

## 2) table:

diagnostic categories and outcome of patients treated between 1 June 1887 to 31 December 1891.<sup>76</sup>

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(Patients are designated as men, (women) or total; percentages in **bold font**, and I have combined two of Gugl's tables for reasons of simplicity:<sup>77</sup>)

diagnosis	patients	exits: cured	impr.	same	died
neurasthenia	144 (65) <u>209</u>	58 (34) <u>92</u>	77 (27) <u>104</u>	5 (1) <u>6</u>	- (-) <u>=</u>
hysteria	11 (65) <u>76</u>	4 (24) <u>28</u>	6 (33) <u>39</u>	- (3) <u>3</u>	- (1) <u>1</u>
morbus Basedowii	- (4) <u>4</u>	- (-) <u>=</u>	- (4) <u>4</u>	- (-) <u>=</u>	- (-) <u>=</u>
chorea	1 (-) <u>1</u>	- (-) <u>=</u>	1 (-) <u>1</u>	- (-) <u>=</u>	- (-) <u>=</u>
morphinism	24 (11) <u>35</u>	14 (7) <u>21</u>	9 (1) <u>10</u>	1 (2) <u>3</u>	- (-) <u>=</u>
chloralism	1 (-) <u>1</u>	1 (1) <u>1</u>	- (-) <u>=</u>	- (-) <u>=</u>	- (-) <u>=</u>
brainaffection	2 (1) <u>3</u>	- (-) <u>=</u>	2 (-) <u>2</u>	- (1) <u>1</u>	- (-) <u>=</u>
spinal disease	13 (5) <u>18</u>	1 (-) <u>1</u>	10 (3) <u>13</u>	1 (2) <u>3</u>	- (-) <u>=</u>
writer's cramp	2 (-) <u>2</u>	- (-) <u>=</u>	2 (-) <u>2</u>	- (-) <u>=</u>	- (-) <u>=</u>
peripheral nervous lesion	5 (3) <u>8</u>	1 (1) <u>2</u>	4 (2) <u>6</u>	- (-) <u>=</u>	- (-) <u>=</u>
<b>percentage of the 343 pats treated between 1887-1891</b>	<b>total</b> <b>%</b>	<b>145</b> <b>42</b>	<b>181</b> <b>53</b>	<b>16</b> <b>5</b>	<b>1</b> <b>0.3</b>

These figures of cured, improved, same and died look very encouraging indeed: Krafft-Ebing and his collaborators claim

positive outcomes for 326 patients against a negligible number of 17 (or 6 %) with negative outcomes. The only case of death is, incidently, carefully explained in the text and occurred in a relative, the mother of a patient, who very much insisted on staying in the sanatorium. The woman was diagnosed as hysterical, tuberculous and as dying of a lung oedema.<sup>78</sup>

3) table:

domicile of patients<sup>79</sup>

country	men	women	total
Austria-Hungaria	152	125	277
Germany	13	7	20
Russia	21	13	34
Italy	3	-	3
Switzerland	-	2	2
France	1	3	4
England	2	-	2
Sweden	3	-	3
Belgium	-	1	1
Serbia	-	1	1
Greece	1	-	1
Egypt	3	-	3
East-India	2	1	3
North America	2	1	3
total	203	154	357

Mariagrün, it seems, was an international place and there was surely some pride taken in this fact. Most patients were, however, Austrian (with Hungary) and given the geographical closeness to what is today Hungary, many presumably spoke Hungarian. There is no further comment on patients' nationality in the text and we are therefore left to speculate how the more exotic- like the one Greek or the three Egyptians - found their way to Graz. They must have been attracted by Krafft-Ebing's name.



Not surprisingly the background of Mariagrün patients was mainly upper and middle class. Krafft-Ebing also spoke of middle and upper class patients in his publication of 1895 when making statements about his private patients generally.<sup>80</sup>

4) table:

social and educational background<sup>81</sup>

background	men	women	total
aristocracy	25	20	45
land owners	14	17	31
privatiers	15	35	50
academic-technical professions	87	26	113
military	19	7	26
industrials and merchants	43	49	92
total	203	154	357

**The driving forces behind Mariagrün**

Mariagrün was built for several reasons and served different purposes. Most importantly it was concrete proof of Krafft-Ebing's interest in neurasthenia, the new and fashionable disease. Nervous disorders and in particular their subgroup neurasthenia were first described by the American, Beard, in 1880. Translated into German within a year,<sup>82</sup> the topic had an immense influence and was to enlarge the boundaries of the psychiatric profession for good. For the German-speaking world Krafft-Ebing was, after Möbius and Eyeselein, one of the first to take up this popular field.<sup>83</sup> A speech delivered to the higher girl's school in Graz in 1884 was immensely

successful with the lay-audience and led to Krafft-Ebing's popular bestseller Ueber gesunde und kranke Nerven (On healthy and diseased nerves), published in 1885.

Mariagrün, then, was built in order to put into practice what Krafft-Ebing had formulated theoretically in his 1885 book. According to the brochure that described it to the public and that was signed by Gugl, Krafft-Ebing and Stichl its aims were (the sentence in bold font is the stress of the authors):

The sanatorium, **which strictly excludes all mentally disturbed patients**, poses itself the task to put into practice what one of the undersigned doctors has recommended in his book "On healthy and diseased nerves" (3rd ed., Laupp, Tübingen) for the successful treatment of patients suffering from nervous disorders: it should represent a cosy cure-home for all those fellow-men, who have been shaken in their nervous powers by the fight of life. Everything will be summoned to render the separation from home and family not too difficult; it <the sanatorium> will be a place of temporary rest in a wooded rural spot, far removed from the hassle of the world <*abseits vom Weltgetriebe*>, yet in easy reach for those who need assistance, and equipped with all means for cure and help.<sup>84</sup>

But if Mariagrün reflected Krafft-Ebing's interests in the 1880s in a fashionable topic, it also served a more retrospective and sentimental purpose. He never forgot his psychiatric training at the Illenau, that model asylum of Baden. He kept quoting Illenau and referring to himself as its disciple throughout his life and Schüle, at that time medical director of the Illenau, was still his best friend. In many ways Krafft-Ebing really remained the asylum psychiatrist he had once been. He believed proper training as a psychiatrist could only take place at - or at least in close conjunction with - an asylum. That was not quite self-understood given that the teaching of psychiatry had already moved into the universities and that others,

such as Meynert or Kraepelin (in Germany) believed that clinics were much more important for teaching than asylums. Stuck at Feldhof with its dim success-rate and inadequate facilities that compared so poorly to what he was used to from the Illenau, Krafft-Ebing presumably thought back longingly to better days.

Abandoning Feldhof in 1880 meant abandoning a lot of fruitless and depressing work, but it also meant that he now was without an asylum. The idea of Mariagrün here filled an important gap: although not an exact replica of the Illenau, which had catered for a broader spectrum of problems and distinctly iller patients than the new sanatorium was to do, there were still many identical features: both places were idyllic and emphasised the healing forces of their environments, the various bathing facilities, the family atmosphere and the many entertainment options such as the billiards-room. Mariagrün was a small Illenau for an exclusive clientele.

### **Krafft-Ebing's private practice**

Although it is very likely that Krafft-Ebing had a private practice in Graz apart from Mariagrün - and an extensive one at that - it is infuriatingly difficult to find facts which directly prove this. There may well have been records of private patients, but if they have not been destroyed their present location is not known.<sup>85</sup> The obvious place for references - Krafft-Ebing's published works - does indeed mention private patients but these relate to the time when he had left Graz for Vienna. In different places through his work, and particularly in various editions of the Psychopathia sexualis, there are also described what I believe to be private patients, but this

evidence is of an anecdotal nature and does not allow general conclusions.<sup>86</sup>

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But: a) It was usual for professors of psychiatry to have a private practice next to their other functions. Graz was no exception to this rule: Krafft-Ebing's direct successor to Graz, Julius von Wagner-Jauregg, mentioned in his memoirs that he had a private practice, which apparently was quite large. (No figures or other details of these patients are known, but we know that at least 50% of Wagner-Jauregg's salary was earned with the treatment of private patients.<sup>87</sup>)

b) In Vienna Krafft-Ebing saw a proud number of private patients as out-patients.<sup>88</sup> His private practice for 1893, for example, consisted of 1,331 patients with nervous diseases. His public patients were seen at his out-patient clinic in Vienna (attached to the psychiatric clinic and called: *Klinisches Ambulatorium für Nervenkrankte im allgemeinen Krankenhaus Wien* ). These public out-patients amounted to 4,385 patients in 1893, a figure which is in itself remarkably high. It meant that Krafft-Ebing, all in all, saw 5,716 out-patients in one year (and he also ran a clinic with hospitalised patients!) which is equal to an average of 14 public patients and 4 private ones per day (6 days per week, no holidays). So the ratio for private : public patients was about 1 : 4. Krafft-Ebing was an industrious man. More important here is that not very much time could have been spent with each individual patient.

c) A high percentage of these out-patients seen in Vienna in 1893 suffered from neurasthenia and this is an important point. Of the

4,385 public out-patients about 25% were neurasthenic and of the 1,331 private patients 45%.<sup>89</sup>

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d) Mariagrün catered exclusively for private patients. 59% of all patients suffered from neurasthenia. (see Mariagrün tables)

Although none of the above directly proves the existence of Krafft-Ebing's private activity in Graz before 1886 (i.e. Mariagrün), I think it most probable that he had such a practice. The extent of it is difficult to guess: 4 patients per day would probably be too high for Graz in the 1880s. Krafft-Ebing himself stressed repeatedly - as did most other authors - that neurasthenia was more frequent in big towns (such as Vienna). Nevertheless, the foundation of Mariagrün itself is a strong indication since Krafft-Ebing founded his private sanatorium as a place to which to send his own private out-patients, who needed more intense treatment:

In a few years his name literally spread through the whole world, and patients from all countries undertook their pilgrimage to him. Therefore Krafft-Ebing saw the necessity to found a home for hosting his numerous foreign clientele and thus Mariagrün was founded.<sup>90</sup>

The invention of neurasthenia in the early 1880s, in which Krafft-Ebing played a vital part, had led to more and more people discovering in themselves nervous problems. The answers to these problems were sought in the surgeries of psychiatrists into which patients flocked in increasing numbers. Apart from the sheer number of patients, the difference in percentages of those neurasthenics, who were affluent and therefore private patients,

compared to those who were of the lower classes and used the public out-patient clinics, is revealing. It was, of course, the rich patients, who first opened up a market gap for a new kind of institution - the sanatorium for nervous disorder, or *Nervenheilstalt*.

Since Mariagrün, which catered for an exclusive layer of society, was almost certainly a lucrative enterprise, it is tempting to discover in Krafft-Ebing traits of a gifted and successful businessman. These may well have been there, but it would be misguided to see him above all as an inspired entrepreneur and someone who simply wanted to make money. The business aspect of Mariagrün must be put into the perspective of his work throughout his life.

Krafft-Ebing was actively involved in Mariagrün from 1886 to 1889 when he moved to Vienna. During this time he continued acting as a consultant whilst Gugl and Stiehl were in charge. We know nothing about the profit made by the sanatorium, nor about how the net-income was divided between Krafft-Ebing and his two medical directors.<sup>91</sup> Although Krafft-Ebing had an ongoing interest in Mariagrün, and indeed retired there when resigning from Vienna University in spring 1902, he was apparently not sufficiently inspired to buy another sanatorium in Vienna. Krafft-Ebing seems to have channelled his energies elsewhere; money-making can therefore hardly be seen as the prominent driving force in his personality and it is more accurate to see him as an overworked doctor and academic. This view is to some extent confirmed by Krafft-Ebing's statements about the goal of sanatoria. It appears that he was primarily interested in furthering a particular type of

institution with a more idealist vision in mind. He was absolutely convinced that sanatoria for nervous disorders were both a novelty and a necessity. It appears that his aim was however not to keep this kind of new sanatorium limited to the rich: rather he suggested that the government should get involved and that such institutions should become more accessible to those with less money.<sup>92</sup>

The claim that Mariagrün belonged to an intrinsically new kind of institution, put forth with a lot of conviction by Gugl, should be taken seriously, because it is the key to understanding the whole enterprise. On the one hand Gugl fought against the identification of his "asylum for nervous disorder" *Nervenanstalt* with the "mixed asylum (nervous and emotional disorder)" (*gemischte Anstalt (für Nerven und Gemüthskranke)*) or the "asylum for mental disorders" (*Anstalt für Geisteskranke*). On the other hand there was also a distinction to be made between Mariagrün and a "spa" or "health-resort" (*Wasser / Kuranstalt*).<sup>93</sup> Putting it at its simplest: the former kind of asylums catered for more disturbed people than the patients at Mariagrün, the latter for healthier ones. Spas had fewer doctors per patient and a shorter average stay of patients, and Gugl bemoaned the fact that initially patients had wanted to stay for much shorter periods of time, because they obviously mixed up Mariagrün with a spa.<sup>94</sup> The average stay in Mariagrün was, Gugl proudly announced, over 2 months (73 days for men and 105 days for women); a minimum of 2 weeks was obligatory according to the commercial prospectus of the sanatorium. Mariagrün, it seems, moved into a grey-area between psychiatric care and holiday resort with medical attention.

Gugl quoted a few sanatoria in Austria and Germany as direct precursors of Mariagrün. As a rule they were run by psychiatrists who had also, like Krafft-Ebing, published on neurasthenia at an early stage.<sup>95</sup> Of these, Eyselein and Holst were mentioned most frequently. Oscar Eyselein (1847-1892), in spite of his involvement with health-issues, died at the early age of 45 because of "long-term morphinism and cocainism".<sup>96</sup> Of his publications Krafft-Ebing certainly knew his Tisch für Nervenkranken, 1883. Valentin Holst (1839-1904) from Lithuania, owned a sanatorium in Riga, Russia, which was opened on 1 January 1884.<sup>97</sup>

## Summary

The books Krafft-Ebing's published in Graz directly came out of his experience at these different institutions. He did not attempt to produce a theoretical framework, but simply described hundreds of patients. The different cases at Feldhof, the clinic and Mariagrün therefore continuously modified his ideas.

From his books it appears that the forensic interest is intrinsically linked to Feldhof, where criminal patients were chronically hospitalised. Accordingly the extent of Krafft-Ebing's forensic activity gradually diminished after he had left Feldhof. He began to be involved with very different types of patients and moved away from forensic psychiatry. This is not to say that he lost his expert status, as he carried on writing his annual reviews, but in his daily life, the topic took up less time. Where it did, it was in a more focused sense, for example, in his work on sexuality.



The clinic, on the other hand, provided Krafft-Ebing with many neurological problems on which he published extensively. On the one hand we are here speaking of nerves in the anatomical sense (today called neurology). On the other hand he met at the clinic many hysterical women (on whom he practiced hypnosis) and in addition to very grave psychiatric illnesses such as *vesania*, which were referred to *Feldhof*, he also got to know neurasthenics.

There are several indications of Krafft-Ebing's growing interest in nervous disorders since the early 1880s. The timing of *Mariagrün* as an idea conceived a few years before 1884 coincided with Krafft-Ebing's struggle to open a ward for nervous disorders as part of his existing clinic. Putting these two plans together, we get a feel for the direction Krafft-Ebing wanted to go into. Dealing with very ill and very psychiatric patients at *Feldhof* and the clinic, he tried to become more of a doctor for nervous disorders and to attract patients who were less ill.

In *Mariagrün* then, he started to specialise in middle class neurotics. Krafft-Ebing here certainly, did not practise mainstream psychiatry, but rather saw himself at the forefront of the neurasthenia field. (As in the clinic he had the opportunity to hypnotise.) His underlying model was that worse mental diseases can emerge from untreated neuroses, but if these are treated at an early stage, much prophylaxis can be done.<sup>98</sup> Krafft-Ebing carried on publishing on neurasthenia after he had left *Graz*.<sup>99</sup>

<sup>1</sup> For reasons of simplicity I have used the English term clinic throughout this chapter, although this translation is less than satisfactory: the German *Klinik* meant something both more specific and abstract than the English term. A *Klinik* was a hospital ward of variable size, but often quite small i.e. 30-50 beds, which not only served as a hospital facility like other wards, but also as a teaching facility for a lecturer/ professor of a university. Its patients were usually shown to students on wardrounds, but they were also demonstrated during lectures. Thus *Klinik* meant a concrete set-up and a particular function. The contemporary literature (e.g. Laehr (1875) p 39) also speaks of Feldhof "being used as a *Klinik* " - which here purely indicates that its patients were used for teaching.

Burghardt (1985) also understands *Klinik* in this sense (implied definitions on pp 1;18.) and see also the standard work by Eulner (1970), chapter on psychiatry and neurology, especially pp 257-82; clearest on p 261.

<sup>2</sup> A "good patient" will be one who is likely to get well if your goal is to cure, or the one who has something special if you want to study rare and exotic disorders, or the rich one if you want to make financial profits.

<sup>3</sup> Founded in 1585 by the Archduke Karl II and run by Jesuits, Graz University principally taught theology for several centuries. From 1782 (closure of the University) to 1863 medical teaching was in the hands of the *Lyceum*, although other subjects had been re-integrated into the University in 1827. See Eggmaier (1980) p 1 and passim. (The history of early medical teaching at Graz from the opening of the University in 1585 to 1863 is covered best there); see also Krones (1886) for the 19th century.

<sup>4</sup> For a general history of the hospital in Graz see the detailed, contemporary history by Fossel (1889).

<sup>5</sup> Fossel (1889) p 47.

<sup>6</sup> See Doerner (1981), Schrenk (1967) and (1973) and Blasius (1980) for Germany, and for a general overview Bynum, Porter and Shepherd (eds.). (1985) vol. 2, pp 1-16 and the literature quoted there, especially the works by Rothman, Foucault and Scull.

<sup>7</sup> Fossel (1889) p 102.

<sup>8</sup> Based on Fossel (1889), Krones (1886) and Hassmann (1912).

<sup>9</sup> Laehr (1893) p 366.

<sup>10</sup> Krones (1886) p 198.

<sup>11</sup> Hassmann (1912) pp 298-99.

<sup>12</sup> Laehr (1875) p 39 and Laehr (1882) p 64.

<sup>13</sup> Laehr (1893) pp 365-66.

<sup>14</sup> Table compiled by using different sources quoted elsewhere in this chapter: Laehr (1875) p 39; Laehr (1882) pp 63-64; Laehr (1893) pp 365-66; Zach (1879) pp 58-59. Krafft-Ebing (1879) Der Stand der Irrenpflege...

\* calculated from Zach table.

\*\* calculated from Laehr table (310 admitted compared to 171 referred and 77 dead, i.e. 248 exits, adds 62 to the 516 already there).

If this calculation reflects the situation of Feldhof in 1880/81 it might present a reason for Krafft-Ebing's resignation that year.

\*\*\* calculated. For this year we know the total of Feldhof plus the three existing daughter institutions.

\*\*\*\* it is unclear what Lachr's figure relates to, either that the buildings can now cater for 500 patients, or this is a figure of actual patients. (Lachr (1893), 365.

<sup>15</sup> For a general history of non-restraint in German-speaking countries see Geduldig-Jacki (1975).

<sup>16</sup> Lachr (1893) p 365. See also Krafft-Ebing (1879) Der Stand der Irrenpflege... p 1, who stressed the lack of such isolation cells even at the time when the asylum was not yet overfilled.

<sup>17</sup> Fossel (1889) p 104 and Krones (1886) p 205. Lesky (1965) p 382 quotes Krafft-Ebing as leaving Feldhof in 1885, which is wrong. This date of autumn 1880 has also been confirmed by the Steiermärkisches Landesarchiv, Graz (information by letter from Prof. Höflechner, Universitätsarchiv Graz, 15.11.1991 using the above archive; reference nrs: Rezens VI 10ZL 11.512 ex 18880 and ZL 3. 574).

<sup>18</sup> Zach was apparently in Feldhof from certainly 1875 (quoted in Lachr (1875) p 39). He is listed as "Primarius, derzeit Leiter der Anstalt" by Lachr in 1882 (p. 64). By that time there were three assistants instead of two.

<sup>19</sup> Krones (1886) p 208.

<sup>20</sup> This advice was not - most probably for financial reasons - taken on board. Instead, Feldhof muddled on and underwent considerable changes and reconstructions, as well as collaborating with daughter institutions, as has already be shown. See Hassmann (1912) for a history of Feldhof slightly later; also further notes in later editions of Lachr.

<sup>21</sup> Krafft-Ebing (1879) Der Stand der Irrenpflege... p 15.

<sup>22</sup> Krafft-Ebing (1879) Der Stand der Irrenpflege... p 9.

<sup>23</sup> Krafft-Ebing (1889) *Die Entwicklung und Bedeutung ...* especially p 843; for more general points about psychiatric teaching and psychiatric clinics, see Burghardt (1985) and Eulner (1970) pp 258-61.

<sup>24</sup> Zach (1879)pp 58-59.

<sup>25</sup> Where percentage figures do not add up to 100 this is due to my rounding up or down.

<sup>26</sup> This can be done but it is not my focus, partly because the material here does not appear to be good and detailed enough. An interesting example of retrospective interpretation of 19th century case-histories would be Turner (1990).

<sup>27</sup> As a rule this seems also true for those papers I have seen which are authorised by Krafft-Ebing's assistants (Zach or Sterk, for example). They are often subtitled "from Prof. Krafft-Ebing's clinic" or the like, and they tend to be in accordance with Krafft-Ebing's views.

<sup>28</sup> This is well in keeping with the general abundance in diagnostic categories used at the time. See, for example, Decker's comments on this: Decker (1977) pp 47-50. An additional difficulty here is that Fossel, the author of the tables on the clinic (Fossel (1889), quoted below) drew up his statistics as part of a general

hospital statistic and that may well involve the use of a very different language altogether.

<sup>29</sup> The figure for 1873 is derived from a table by Lachr (1875) p 39, which is not shown here. He quoted 473 patients cared for (203 already in the asylum; 270 newly admitted) of which 75 died during 1873.

<sup>30</sup> Krafft-Ebing (1879) Lehrbuch... vol 1, p 208.

\* In German *Blödsinn* which is almost impossible to translate here. It certainly refers to a loss of intellectual abilities and therefore dementia is not a bad literal translation. However, Krafft-Ebing used both *Blödsinn* and the latin term *dementia* in his textbook and a full definition of these respective disease categories (each one with various sub-types) must be read up there. (Krafft-Ebing (1879) Lehrbuch... vol 2, pp 46-50; 53-56; 140-61; 189-92).

<sup>31</sup> Krafft-Ebing (1879) Lehrbuch... vol 2, pp 53-56.

<sup>32</sup> The mathematical reason for this is that the distribution of diagnostic categories only relates to the 40% that show a turn-over. This is not a representative sample for the whole of the asylum, in fact it is far from being that, and probably shows mainly the acutest amongst those chronic patients. What would be needed for an inductive conclusion is a correlation between the length of stay and the different diagnostic categories.

<sup>33</sup> Fossel (1889) p 106 and Lachr (1893) p 133.

<sup>34</sup> Lachr (1882) p 125.

<sup>35</sup> Fossel (1889) p 125.

<sup>36</sup> Lachr (1893) p 133.

<sup>37</sup> Lachr (1882) p 63.

<sup>38</sup> Fossel (1889) pp 125- 39.

<sup>39</sup> We have to keep in mind, however, that the two statistics are ten years apart.

<sup>40</sup> Fossel (1889) p 125.

<sup>41</sup> The figures on which this calculation is based are not given here; see Fossel (1889) p 125.

<sup>42</sup> It is difficult to make out what Fossel (in 1889) meant by *vesania*. *Vesania* was definitely an old term, in particular used by Cullen, who defined it as "impaired judgement, without pyrexia or coma". Quoted according to Riese (1945) p 471. (Riese's article is generally very helpful on classification). Krafft-Ebing hardly used the term and when he did, he seems to have used it synonymously with "madness", more specifically a type of madness characterised by deliria (distorted thinking) and an unspecified condition of disorientation called *Dämmerzustand*. One example of the term's use is Krafft-Ebing's article of 1896: *Neue Erfahrungen über Vesania transitoria bei Neurasthenischen*.

\* = not-cured.

+ ref. = referred, i.e. within the hospital.

<sup>43</sup> Lachr (1882) pp 63-64.

<sup>44</sup> For admission rules to different German (and Austrian) asylums, see Kämpfer (1970) pp 41-51, who also quotes some primary literature.

<sup>45</sup> Kraepelin (1900) p 34 for the example quoted below.

<sup>46</sup> Krafft-Ebing (1881).

- 47 For facts see Lachr (1875) p 39; I have not been able to consult the official works of contemporary Austrian administration, such as the annual Niederösterreichischer Amtskalender, which would give a full exposition of the system. However, it is possible to deduce what it actually meant practically from Krafft-Ebing's works as well as Lachr's comments.
- 48 Official discussions on a psychiatric chair had opened in April 1868, but the chair had only come into being in 1870 and then been given to Czermak. After Czermak's death it had been vacant for two years. (Krones (1886) p 191).
- 49 Probably the remark in Krones (1886) p 201 speaking of a proposal of the medical faculty to regulate the relationship between the psychiatric clinic and the observation ward (dated 20. Nov. 1876) relates to this.
- 50 Lachr (1875) p 39.
- 51 Wagner-Jauregg (1950) p 50.
- 52 Krafft-Ebing (1890) Der klinische Unterricht... pp 27-34 (quoted figure on p 33).
- 53 On private asylums in Austria generally see Shorter (1989).
- 54 Gugl and Stiehl (1892) p 9.
- 55 This building still exists. It now serves as a day-time nursery (obviously of a rather posh kind judging by the set-up as well as the cars of the children's fathers).
- 56 Gugl and Stiehl (1892) p 9.
- 57 Gugl, Krafft-Ebing and Stiehl (1886) p 5.
- 58 Lachr (1893) p 165; the first patients were mentioned for 1 June in Gugl and Stiehl (1892) p 13. The commercial brochure (Gugl, Krafft-Ebing and Stiehl (1886) p 7) had announced the opening of the sanatorium for 1 May 1886, which obviously did not come into being.
- 59 Gugl, Krafft-Ebing and Stiehl (1886) pp 3, 5 and 6; and Gugl and Stiehl (1892) pp 11, 33- 34 and 127.
- 60 Gugl and Stiehl (1892) pp 36-58; also in the prospectus: Gugl, Krafft-Ebing and Stiehl (1886) p 6.
- 61 Gugl and Stiehl (1892) p 12.
- 62 Ibid. p 38.
- 63 Ibid. pp 136 and 141-42.
- 64 Ibid. p 38.
- 65 Ibid. pp 38, 57.
- 66 Ibid. p 39; instead of Chloralhydrate which was seen as addictive, they used a combination of Amylenhydrate, Paraldehyde and Sulfonal; p 30.
- 67 Ibid. p 35.
- 68 Ibid. pp 137, 145.
- 69 Ibid. p 136.
- 70 Ibid. pp 136, 138, 142.
- 71 Ibid. p 147.
- 72 Ibid. p 150.
- 73 Ibid. p 37; the stress is Gugl's.
- 74 Gugl, Krafft-Ebing and Stiehl (1886) p 7.
- 75 Gugl and Stiehl (1892) p 13.

76 Ibid. p 15

77 The first table by Gugl gives the total of admitted patients (357) (i.e. my first vertical column); Gugl's second table gives the breakdown into outcome (cured, better...) of those patients which left the asylum (343) therefore figures do not add up horizontally within the table; calculating from the table there were apparently 14 patients in the sanatorium on 31 December 1891: 3 female and 4 male neurasthenics, 4 female and 1 male hysterics, 1 female morphia addict and 1 man with spinal disease.

78 Gugl and Stiehl (1892) pp 33-34.

79 Ibid. p 16.

80 Krafft-Ebing (1895) *Nervosität und neurasthenische Zustände*. p 51.

81 Ibid. p 16.

82 The German title of George Miller Beard's famous book was: "Die Nervenschwäche (Neurasthenie)", ihre Symptome, Natur, Folgezustände und Behandlung, nach der 2 Aufl. (1. Aufl New York 1880) ins Deutsche übertragen und mit einem Geleitwort versehen von M. Neisser, Leipzig 1881. (Steiner (1964) p 123.)

83 For a general overview of nervous disorders in Germany and Austria in the late 19th century see Steiner (1964).

84 Gugl, Krafft-Ebing and Stiehl (1886) pp 3-4.

85 They are not with the now living relatives of Krafft-Ebing in either Graz or Vienna and not in the university archives of either Graz or Vienna. There is apparently no archival material of any sort kept at Mariagrün.

86 Krafft-Ebing did not write that these cases were private patients, but reading between the lines this seems most probable. Very often (but not always) Krafft-Ebing rendered the admission date to a clinic, sometimes stating the name of the clinic. Where this is not the case, the patient is often of aristocratic or professional (academic or say officer) background and it appears from the history that he/she was seen as an outpatient - I believe that this combination of factors is a strong indication for many of these patients being treated privately.

87 Wagner-Jauregg (1950) p 50, where he said that he earned 1,000 Gulden/year for the professorship, another and 1,000 Gulden/per year for his activity at the clinic. With the private patients he earned another 2,000 Gulden/ per year (the figures relate to 1889 i.e. the beginning of Wagner-Jauregg's career in Graz - they all increased till 1893 when he left for Vienna, but whereas the first two then added up to 2,800 Gulden/per year, the private sector yielded 3,5000 Gulden that year thus increasing most.)

88 He published detailed statistics and comments in: Krafft-Ebing (1895) *Nervosität und neurasthenische Zustände*. pp 51-52 statistics; following pages for elaboration.

89 Krafft-Ebing's figures are here quite interesting in their own right: of 4,385 public patients about half, i.e. 2,250, suffered from general neurosis. (Other categories were hysteria: 428 patients (61 men and 367 women) and epileptics: 447 (221 men and 186 women). Amongst the general neuroses there were the 1,007 neurasthenics (660 men and 347 women).

90 Fuchs (1902) p 7.

91 It is true that the prospectus quotes several figures, for example, the price for a room started at 35 fl./per week; more depending on the size of the room; a full bath was 80kr, an electrical bath, the most expensive one, 1fl. doctors' fees were charged separately according to agreement. These figures are of doubtful value, however, as we neither know how many patients were catered for at any time (which the tables do not say) nor how much expenses and personnel salaries were.

92 Krafft-Ebing (1895) *Nervosität und neurasthenische Zustände*. p 128.

93 Gugl and Stiehl (1892) p 13.

94 Ibid. p 13.

95 These were amongst others: Hecker (Johannisberg im Rheingau), Eyselein (Blankenburg a. H.), Bindseil (Blankenburg i. Th.), Dr. Fischer (Wilhelmsbad-Cannstatt) and Holst (Riga). See Gugl and Stiehl (1892) p 6.

96 Reference to this fact and to the 1885 publication in Lachr (1893) p 256.

97 Lachr (1893) p 8. He also published various works, such as: Über die Bedeutung der Behandlung von Nervenkranken in besonderen Anstalten, Riga 1880, Die Behandlung der Hysterie, der Neurasthenie und ähnlicher allgemeiner functioneller Neurosen, Stuttgart 1883 (3. Aufl. 1891), and Bericht über die Thätigkeit der Heilanstalt für Nervenkranken in Riga, Riga 1886. (See Gugl and Stiehl (1892) p 7 and also Fischer I. (1932) I, p 656.)

98 Krafft-Ebing (1889) *Die Entwicklung und Bedeutung ...* p 16, for example, where he used a gliding scale: from neurosis into proper psychiatric illness.

99 Most importantly he published an academic contribution to Nothnagel's handbook, based on clinical data collected at the Viennese clinic for nervous disorders: Krafft-Ebing (1895) *Nervosität und neurasthenische Zustände*.

Krafft-Ebing was elected to the chair of psychiatry at Vienna University in the autumn of 1889.<sup>2</sup> Following Max Leidesdorf who had died on 9 October 1889, Krafft-Ebing was first in charge of Vienna I and in 1892, after Theodor Meynert's death, followed Meynert on his chair in Vienna II. Vienna I and Vienna II were two parallel chairs of psychiatry at Vienna University: Vienna I (the *Niederösterreichische Landesirrenanstalt* ) was an asylum-type institution with 150 chronic patients and Vienna II (seen as more desirable) was a ward of 40-70 acute patients within the general hospital.

As with his time in Graz, Krafft-Ebing was almost continuously engaged in battles with the administration particularly over lack of finances and resources. Vienna I particularly provided little opportunity for cure and its very ill patients were under custodial care. Daily psychiatric life in Vienna was, if anything, less attractive than in Graz.<sup>3</sup> However, Vienna signified a higher professional status, it provided incomparably better study facilities (for example at the library of the *Gesellschaft der Aerzte* ) and it enabled Krafft-Ebing to become active in the leading society of psychiatry in Austria - the Society for Psychiatry and Neurology.

#### ***The Verein für Psychiatrie und Neurologie* <sup>4</sup>**

Initiated by Leidesdorf, Meynert and Josef Riedel, the psychiatric Society of Vienna had been in existence since January 1868. From



the start the *Verein* viewed itself as an organisation with both a medical-scientific goal as well as an organ to postulate political and practical aims such as the creation of a new psychiatric clinic within the general hospital in Vienna. The latter goal was achieved in 1870 thanks to the help of Rokitansky (who was one of the early honorary members of the Society) - and the new psychiatric clinic was opened under Meynert.<sup>5</sup> Over the years the Society met in different locations, amongst them the rooms of the prestigious *Gesellschaft der Aerzte*, but later most regularly in the psychiatric clinic at the hospital, which had the advantage that patients could easily be demonstrated at the meetings. Certainly from 1894 meetings were held at monthly intervals on every second Tuesday of the month. The official protocol of the meetings was published in the newly founded organ of the Society, the Psychiatrisches Centralblatt, which in 1879 was replaced by the Jahrbücher für Psychiatrie (JP).

Krafft-Ebing had been officially associated with the Society since 1887 when he had become a member of the editorial board of the Jahrbücher für Psychiatrie. He started to attend the meetings regularly in autumn 1889 when he succeeded Leidesdorf in his chair at the University. In 1892 he was elected president to the *Verein* succeeding Meynert after his death on 31 May.

Krafft-Ebing soon initiated changes designed to an open up the Society towards other disciplines. Most fundamentally he encouraged a more neurological focus, which was typical for the 1880s and 1890s.<sup>6</sup> In 1894 he changed the name - from "Society of Psychiatry and forensic Psychology" to "Society of Psychiatry and

Neurology" (at the same time the Society's official journal also including "Neurology" in its title).<sup>7</sup> In addition to the official announcement of the meetings in the Jahrbücher für Psychiatrie, the sessions were more fully described in the Wiener klinische Wochenschrift (WKW), a general medical newspaper.<sup>8</sup> This served to attract a broader medical audience such as physicians, ophthalmologists and otologists and helped to make the *Verein* popular. Meetings were held regularly whilst they had been irregular under Meynert.

Figures of attendance at the meetings during these years clearly proved that the Society became more attractive: membership numbers (which had been as low as an average of 10 to 12 doctors per meeting in the early 1870s) almost doubled in two years from 56 members in 1893 to 100 in 1895. Figures increased further over the next years, so that there were 150 members by the time of Krafft-Ebing's resignation in 1902.<sup>9</sup> This growth reflects not only that of the psychiatric field generally, but, according to contemporary observers such as Wagner-Jauregg, it was also attributable to Krafft-Ebing's pleasant and diplomatic chairmanship during the meetings.<sup>10</sup>

The topics on the agenda reflected that psychiatry was a broadly based enterprise, divided into different sub-disciplines such as anatomy and physiology, anthropology, forensic psychiatry, psychology and neuropathology. These divisions were used, for example, in the annual literature review of the Allgemeine Zeitschrift für Psychiatrie. Whilst there were talks on psychological topics (such as hypnotism) the majority of talks were increasingly organic

and neurological. This was seen as vital in order to enhance the scientific status of psychiatry.

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The meetings usually consisted of 2 to 3 contributions, partly lectures, partly demonstrations (of patients, but also of animal experiments or anatomical preparations). General discussion took place at the end of the evening and sometimes had to be postponed to another date.<sup>11</sup> The lectures were sometimes (but not always) summed up in the official protocols and some of them were later published in full.<sup>12</sup> As a rule the official meetings were followed by an informal gathering over a drink at a restaurant, the *Riedhof*.<sup>13</sup>

### **The methodology at the time**

One of Krafft-Ebing's outspoken goals - as of all other German psychiatrists at the time - was to contribute towards a valid classification of psychiatric diseases. German-speaking psychiatrists in the last decades of the 19th century were very aware that there were too many contradictory classifications. Whether or not it was actually experienced as chaotic by contemporaries (as judged by Decker) is not easy to make out.<sup>14</sup> Journals such as the Allgemeine Zeitschrift für Psychiatrie certainly reported vehement discussions about new terminology, different classification models were put forth regularly as well as new illness categories - and this in no way came to an immediate halt after Kraepelin's introduction of the term "dementia praecox" in the early 1890s.

But in spite of the classificatory confusion there seems to have existed a methodology behind the definition and re-definition of illness models. By methodology is meant what seemed to be the general consensus within the psychiatric community of how to go about things. What was seen as proper methodology can best be studied in Krafft-Ebing's works and in the activities at the Society. Not only was he - as the established professor - a main representative of psychiatry at the time, but he also shaped the sessions of the *Verein* to a high degree through his dominant leadership. He frequently participated in the meetings, both with demonstrations of patients and talks; work done in his clinic or polyclinic by his assistants was overrepresented at the sessions; he was a very active chairman.

Throughout his career Krafft-Ebing not only contributed to creating new illnesses (as in the Psychopathia sexualis), but he also had a clear notion about how this should be done. One main principle was that the process of creating disease categories obeyed a specific chronology. One could only speak of a disease (as opposed to symptomatic descriptions) once one had collected a sufficient number of cases. A good example is his work on the disease category "obsessional disorders", which stretched over many years. From using the term obsessional ideas (*Zwangsvorstellungen*) first in 1867, he moved on to write four articles on the subject (1870, 1878, 1883 and 1892).<sup>15</sup>

In 1878 Krafft-Ebing remarked on the disease obsessional disorder, which had only just been introduced by Westphal into the German literature in 1877:

Without daring to make this illness, which is at present in the phase of a casuistic <case collection>, more precise, I would like to refer to its analogy to primary madness. This <idea> has come out of numerous observations made by me and should also serve as an angle under which to study further observations.<sup>16</sup>

He gradually collected more cases, but in 1883 when he gave the data of 11 of his own cases, he still stayed away from categorical conclusions.

Disease categorisation began by studying cases already described in the literature that had something in common which might serve as a new criterion for classifying them. Next, one had to start collecting one's own cases and publish these (naturally few cases to begin with) as illustrative examples. It was important at this stage that no generalisation was made since there were not "enough" cases. Usually some years and much clinical observation later, the stage was reached where there were "enough" cases to make general statements, for example as to the aetiology of the disease.

We are, in other words, dealing with a purely numerical or statistical model of disease explanation: when Krafft-Ebing wanted to claim (in the early 1890s) that tabes is caused by civilisation he did so based on the observation that there were many patients in towns and few in rural areas and he provided statistics to back this up.<sup>17</sup>

Krafft-Ebing worked to a somewhat fluid definition of how many cases are "enough". What he saw as a sensible range must be

deduced from examples quoted in his texts: figures are usually around 100 observations for a particular disease. His work on multiple sclerosis, for example, which he presented at the *Verein* on 10 Dec 1895 (published the same year) was based on 100 cases; Krafft-Ebing's talk on the aetiology of paralysis agitans, held at the *Verein* on 14 Dec 1897, quoted 100 cases observed over a period of 10 years (published 1898); lastly he found a specific aetiology of paralysis agitans in 88 cases and presented this at the *Verein* on 13 Dec 1898 (published 1899).<sup>18</sup>

Although Krafft-Ebing preferred to quote what seemed to him to be a statistically significant number of cases, there are instances when he operated with significantly less figures. Quoting only a few cases seemed to be accepted procedure for a frequent illness when these cases were used in an illustrative sense (and no general claims deduced). Examples are his demonstration of two girls with a hysterical tremor at a meeting of the *Verein* on 10 May 1898,<sup>19</sup> or indeed the presentation after Freud's lecture of 15 Jan 1895 of a male patient who had suffered an attack of fear three months previously and who was unable to walk unless he could spot a base nearby. (Krafft-Ebing called this condition *Basophobie*, a term which did not make much impact.<sup>20</sup>) Another possibility was that the low figures related to an extremely rare disorder such as the neurological disease "bilateral athetosis". Krafft-Ebing had seen and published one single case in 1889.<sup>21</sup> Eight years later, on 18 May 1897, he spoke at the *Verein* on two cases of the same disorder spelling out the reason for his low figures and thus making his statistics transparent:

Since the publication of the above case I have seen only two cases of athetosis bilateralis in my ambulatorium (policlinic) in which I see 8,000 patients per year with nervous and psychiatric conditions.<sup>22</sup>

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The extent to which this kind of methodology is significant is well illustrated by the case of Freud, who fell a victim to it.

### **Krafft-Ebing and Freud**

Freud knew Krafft-Ebing personally for several years and attended the sessions of the *Verein* regularly. He played an active part in the Society by becoming a member on its committee in 1895 and giving two talks (in 1895 and 1896).<sup>23</sup> of which only the second has been described.

The talk which has been reported first by Freud and subsequently by historians is the lecture he delivered on 21 April 1896: "On the Aetiology of Hysteria". Freud felt that he had met with an "icy reception" and reported Krafft-Ebing, who chaired the session as having said: "it all sounds like a scientific fairy tale".<sup>24</sup> He did not forget the evening and commented with bitterness on it many years later in his History of the Psycho-Analytic Movement, 1914.<sup>25</sup> Apparently the evening did not have much impact on anybody else; the official protocols of the Society's sessions in the Wiener klinische Wochenschrift did not sum up the talk, nor comment on it in any other way, but merely listed its title.<sup>26</sup>

In order to understand the context of Freud's lecture, we must understand the *Verein* as a place where psychiatric and neurological ideas were presented according to a certain methodology. Ellenberger has convincingly argued that the explanation of Freud's rejection on the occasion of another talk at the *Gesellschaft der Aerzte* on 15 October 1886 lies with the nature of that Society.<sup>27</sup> Freud had, to repeat only one point, failed to comply with the Society's tradition to speak on something new and original. Instead he had enthusiastically summed up Charcot's research on male hysteria, research that was moreover well known to the Viennese doctors he was addressing. The critical discussion, experienced by Freud as a rejection, was the customary style in the Society.

What happened at the *Verein* in 1896 can be seen as a parallel experience: again Freud did not comply with the traditional style of the circles he was addressing. This time it was not so much lack of original work but rather the use of a methodology that he must have known was not acceptable. It appears that perhaps the main problem with Freud's ideas of those days was not so much that they represented unorthodox views, but rather bad methodology.

### **Krafft-Ebing's personal acquaintance with Freud**

There is no positive indication that Krafft-Ebing knew Freud in the 1880s. On the other hand it is a matter of course that Freud was acquainted with Krafft-Ebing's work: he must in particular have read his textbook, at that time the standard textbook, during his only



direct experience in psychiatry, the five months Freud spent at Meynert's clinic in Vienna from May to Sept 1883.<sup>28</sup>

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On the other hand Krafft-Ebing had some professional contact over a common patient with Josef Breuer in 1881. According to the case notes of the Sanatorium Bellevue Krafft-Ebing, who was at that time professor in Graz, visited Bertha Pappenheim once in Vienna around 15 April 1881.<sup>29</sup> His function in the case was peripheral and clearly one of "consultation" or expert opinion.<sup>30</sup> The case of Bertha Pappenheim (better known as Anna O.) was subsequently written up by Breuer and Freud for their Studies of Hysteria (1895), and is usually seen as the first psychoanalytic case study. It is at least possible that Krafft-Ebing also met Freud during these years, since Freud and Breuer, who had known each other since 1877, became more intense friends in 1882.<sup>31</sup>

The first definite date for a more personal relationship between Krafft-Ebing and Freud is 1890. At that time Krafft-Ebing also seems to have been well aware of Freud's special interest in sexuality since he gave him a copy of his Neue Forschungen auf dem Gebiet der Psychopathia sexualis, 1890 (New Research about Psychopathia sexualis), with a brief handwritten dedication. The Freud library (at the Freud Museum in Hampstead) holds nine books by Krafft-Ebing, of which the six on sexuality contain a personal dedication, the three which do not and which Freud presumably bought for himself are editions of Krafft-Ebing's textbooks. The dedications, incidently, become warmer over the years from *in collegialer Verehrung* in 1890 and 1891, to *in collegialer Hochachtung* in 1892, 1893 to *freundschaftlich* in 1894.

For the last book, another edition of the *Psychopathia sexualis* of 1901, it is back to *in collegialer Hochachtung*.<sup>32</sup> This anecdotal evidence of Krafft-Ebing feeling most friendly towards Freud in the mid-1890s makes sense given their more intense contact at the Society during those years.

It is unlikely that the two men interacted over common patients,<sup>33</sup> but there is evidence that Krafft-Ebing was positively impressed with Freud's ideas. He first quoted Freud in a flattering way in 1896 in an article on hypnotic treatment where he spoke of the *sinnreiche Methode* (ingenious method) invented by Breuer and Freud to eliminate the psychological factors in hysterics.<sup>34</sup> There is at least one example in Krafft-Ebing's works that shows that he also tried to directly apply Freud's (and Breuer's) method himself - unfortunately with no therapeutic success. The patient was a servant girl, who had repeatedly been admitted to Krafft-Ebing's clinic in Vienna and was re-admitted in December 1897, then aged 20, suffering from hysterical attacks. It was discovered only during that hospitalisation that the patient's hysterical attacks, known since the age of 12 and first occurring after a severe burn with a petroleum lamp, were due to particularly traumatic circumstances: the accident consisted of a big lamp fixed to the ceiling of a theatre, which had fallen onto the child. We can deduce from the published case notes that Krafft-Ebing, somewhere between December 1897 and March 1898, tried to apply Freud's method with the hope of letting the patient relive that dreadful scene under hypnosis and thus cure her of her symptoms.<sup>35</sup> In the same paper Krafft-Ebing also used one of Freud's key-terms *Unterbewusstsein* (subconscious).<sup>36</sup> It seems very likely that he had first heard of Freud's method in the talk on

the aetiology of hysteria given in April 1896 (also published a few weeks later in enlarged version in the Wiener Rundschau.)<sup>37</sup>

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In keeping with his positive opinion of Freud's academic work, Krafft-Ebing, together with Hermann Nothnagel, helped him to finally get the title of Professor. This was a lengthy and difficult procedure that started officially with Nothnagel and Krafft-Ebing proposing Freud for professorship (professor Extraordinarius) in February 1897. Freud mentioned the application in a letter to Fliess and added that Krafft-Ebing and Nothnagel were prepared to go ahead even against the wishes of the other faculty members.<sup>38</sup> Freud got his professorship in 1902 with the Emperor signing the decree on 22 February. For this Krafft-Ebing and Nothnagel had had to repeat their recommendation and Freud showed himself grateful in a letter to Fliess acknowledging that Nothnagel and Krafft-Ebing "responded wonderfully" to the request of renewing their original proposal.<sup>39</sup>

### **Freud at the *Verein***

The *Verein* was only one of several societies in which Freud was active. He also gave talks at the following: the *Gesellschaft der Aerzte* (15 Oct 1886), the *Wiener medizinische Club* (27 April and 4 May 1892, as well as on 11 Jan 1893) and the *Wiener medizinisches Doktoren Kollegium* (14, 21, and 26 Oct 1895 with a discussion held on 4 and 11 Nov 1895).<sup>40</sup> He had probably become aware in early 1895 that the *Verein* started to be an interesting and

important forum within the Viennese medical circles and made an ambitious effort to participate actively.

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Apart from giving two talks Freud also contributed to discussions, for example on 28 May 1895 on tabes or on 10 March 1896 on sleeping disease.<sup>41</sup> More importantly for his role in the Society Freud was elected as one of four members of the committee at the annual meeting of the *Verein* on 14 May 1895, a function he was to hold certainly until May 1901.<sup>42</sup> What exactly the membership on the committee entailed practically, or how much power it gave individual members, we do not know. According to the statutes the Society was run by ten people of different functions: the president, vicepresident, economic advisor, librarian, two secretaries and four committee members. Together they managed the financial organisation, elections of new members and honorary members, the programme of the talks at the meetings and had a say in the principal organisation of the journal. It followed a democratic rule and decided issues with absolute majority in meetings of a minimum of four members. The management was elected annually by an absolute majority of the members of the Society.<sup>43</sup> It is interesting that Freud, who felt chronically excluded and rejected, was a committee member. He was elected for several years and this during a time when the Society was flourishing.

Freud's first talk was on 15 January 1895 when he spoke on the "Mechanismus der Zwangsvorstellungen und Phobien" (the mechanism of obsessional ideas and phobias) published first in a French journal, the *Revue neurologique* (1895).<sup>44</sup> Krafft-Ebing was present and most probably chaired the meeting.<sup>45</sup> As happened

quite often, the time for the session ran out and the discussion was referred to another date. In that case the discussion of Freud's paper was to take place half a year later, on 11 June 1895, presumably because Krafft-Ebing was ill in the interim.<sup>46</sup>

### **The discussion about methodology**

When Krafft-Ebing replied in June 1895 to Freud's talk on obsessions and phobias, the gist of his argument was a critique of Freud's over-generalisation of his ideas. One way of understanding the discussion between the two men is to focus on Krafft-Ebing's stress on heredity, that is, to understand the difference of opinion as a difference between a degenerationist model and Freud's stress on the patient's past individual history. I believe, however, that this discussion was at least as much about the methodology of Freud's paper as about its content. One reason for this belief is that this is how Freud seems to have understood Krafft-Ebing at the time.

The discussion went as follows:<sup>47</sup> first Krafft-Ebing summed up Freud's paper and then gave his opinion on different points raised. Not surprisingly, he stressed the constitution of the nervous system of those individuals who later suffer from obsessional thoughts; he thought that Freud had not put enough weight on the disposition (heredity) of these patients. He accepted Freud's claim of a specific mechanism for obsessional thoughts, disagreed however with Freud's separation of obsessional thoughts from the rest of the neuroses. Lastly, Krafft-Ebing addressed the sexual causation of obsessions and said that the sexual factor played an important role

in the aetiology of obsessional thoughts. Backing up Freud's argument, he added the example of masturbators who frequently suffer from obsessional thoughts. He also spoke of a "close relationship between sexuality and religion" and said that "there may well be a sexual basis to religious obsessional thoughts".<sup>48</sup> Krafft-Ebing then admitted that sexuality might be at the root of the cases quoted by Freud, but warned against a generalisation of the idea - adding that he knew cases of obsessional ideas without a sexual factor:

We may accept the sexual factor for Freud's cases but we must not generalise; the speaker <Krafft-Ebing> knows cases in which the sexual factor was not at play.<sup>49</sup>

As for the aetiology of phobias and the importance of the sexual factor there, Krafft-Ebing again fully agreed with Freud and added that this opened a promising therapeutic possibility for some cases.

After a severe critique of Freud's lecture by Holländer, a friend and former collaborator of Freud at Meynert's clinic,<sup>50</sup> Freud gave his reply to these two contributions. He stated that in principle he felt himself understood by Krafft-Ebing, but added that he sensed a difference of opinion regarding the generality of his claims. He then dealt with Krafft-Ebing's implied criticisms of his (Freud's) modest numbers, rightly taking Krafft-Ebing's remark about other cases he (Krafft-Ebing) had observed as a critique of his statistics. The protocol reports Freud as saying that:

He had found this <that is sexuality as the sole aetiology of obsessional disorders> to be the case in 15 carefully analysed cases of obsessional disorder; should there be another mechanism in, say 1 in 20 cases, he might well have missed it so far.<sup>51</sup>

Freud then made some more general points about the terminology of neuroses and the criteria used to separate them, and then went on to defend his thesis against Holländer. From what is printed in the official protocol we have no reason to believe that the discussion was anything else than friendly as far as Krafft-Ebing was concerned. Krafft-Ebing, we must assume, left the evening feeling that he had heard some interesting ideas, but presumably also feeling that he had made a valid objection to a somewhat rash generalisation by a less experienced researcher, who based his conclusions on too little fact.

Freud's figures during these years were indeed very modest. The problem was not, however, that Freud wanted to argue against the use of statistics. In 1895, for example, in a polemical paper against Löwenfeld on the topic of anxiety neurosis, Freud started off by admitting his weak points before then defending his views in the rest of the paper. He wrote:

Besides I had adduced hardly any examples and quoted no statistics; the technique of collecting the case-histories was not touched on...<sup>52</sup>

So Krafft-Ebing's point was not a new one to Freud. He was himself well aware that he needed to quote statistically significant numbers in order to convince. The problem is that he did not - or could not - do that.

We have seen above what range of figures would have convinced Krafft-Ebing: let us now compare this to the figures given by Freud. Freud quoted 12 cases in his talk on obsessions in January 1895.<sup>53</sup> By June of the same year - in the discussion - he quoted 15 cases. He was clearly trying to collect more cases all the time. Given that obsessional disorders and phobias were well described disease categories by then, and given that they were seen frequently, such figures were very low. Surely Freud must have been aware that neither 11 nor 15 cases were going to convince his contemporaries. In view of the time investment necessary for the psychoanalytic method even in those days,<sup>54</sup> and in view of the general lack of patients in the first place, Freud had an obvious difficulty in coming up with impressive statistics.

On 21 April 1896, in a meeting again chaired by Krafft-Ebing, Freud held his lecture on the aetiology of hysteria, the only contribution that is usually mentioned in the literature. There exists no official report either of the talk or of an eventual discussion and Krafft-Ebing's alleged summary ("it all sounds like a scientific fairy-tale") is Freud's quotation. Whether the lack of an official protocol of that session (apart from the one line statement in the WKW giving the title<sup>55</sup>) can be used to deduce an implied critique of Freud as Masson has done at length, is at the very least questionable.<sup>56</sup> Freud was the third speaker that evening and it is more likely that it



did not signify a personal attack but rather that time (and space in the journal) were running out.<sup>57</sup> In any case other talks at the society were not summed up either.<sup>58</sup> More importantly it was not the customary style of the *Verein* to shun away from tough academic arguments by ignoring them, so all in all it is much more likely that Freud's ideas were simply seen as insignificant rather than revolutionary and bold.

The reason why Freud's claims were not taken more seriously by ~~the~~ Krafft-Ebing and his peers was presumably that his statistics were not good enough. After the discussion in June 1895 Freud came back to the *Verein* in April 1896, with a second lecture. Instead of improving his methodology, Freud this time quoted 18 cases (six men and twelve women) of what was (after all) one of the most frequent diseases at the time.<sup>59</sup> But there is a further piece of evidence for methodology being indeed a problem. Apart from these repeatedly low numbers there is the very fact of Freud's apologetic attitude to his figures. "The Aetiology of Hysteria" was published about five weeks after Freud's talk at the *Verein* and there is no doubt that it was heavily re-worked and certainly more than twice as long as the original oral version.<sup>60</sup> So what did Freud add in writing to what he had originally said? Since we do not have a protocol of the original we will never really find out, but on the other hand it seems highly likely that a part at least of Freud's brilliant rhetoric was added for the publication. Could it be that he replied quite directly to criticisms actually put forth after his talk when he wrote the following passage?

From previous experience I can foresee that it is precisely against this assertion or against its universal validity that your contradiction, Gentlemen, will be directed. ...If you submit my assertion that the aetiology of hysteria lies in sexual life to the strictest examination, you will find that it is supported by the fact that in some eighteen cases of hysteria I have been able to discover this connection in every single symptom, and, where the circumstances allowed, to confirm it by therapeutic success. No doubt you may raise the objection that the nineteenth or the twentieth analysis will perhaps show that hysterical symptoms are derived from other sources as well, and thus reduce the universal validity of the sexual aetiology to one of eighty per cent. By all means let us wait and see; but, since these eighteen cases are at the same time *all* the cases on which I have been able to carry out the work of analysis and since they were not picked out by anyone for my convenience, you will find it understandable that I do not share such an expectation but am prepared to let my belief run ahead of the evidential force of the observations I have made so far.<sup>61</sup>

That Freud, in spite of this brilliantly formulated defense of an obvious weakness in his argumentation, carried on putting effort into collecting higher case figures over the next years is illustrated by his collaboration with Felix Gattel:

In spring 1897 Felix Gattel, a specialist for nervous disorders in Berlin, came to study under Freud, probably on the recommendation of Freud's friend Fliess.<sup>62</sup> Freud's initially positive judgement of Gattel changed from speaking in enthusiastic terms of his new collaborator in the first months to the stage two years later, where he made disparaging comments in his letters to Fliess, calling Gattel a neurotic and saying that Gattel now wanted to become his patient. In spite of his already diminishing respect for Gattel, Freud, probably somewhere in 1897, set him the task to look into the personal histories of patients suffering from anxiety neuroses. This led to the publication of a monograph by Gattel:

(On the sexual aetiologies of neurasthenia and anxiety neuroses), 1898. Gattel's study was conducted using 100 patients of the *Am<sup>b</sup>ulatorium der Wiener Klinik*, the psychiatric polyclinic then under Krafft-Ebing, and accordingly Gattel, in his preface, acknowledged the help of Krafft-Ebing's assistant Karplus.

Using patient material of other professors' wards and clinics was quite usual procedure at the time in Vienna. It was similar to using other people's auditoria or lecture halls - a sheer necessity for young *Privatdozenten*, who often did not stand a chance of officially getting allocated a room in which to lecture. Freud's own year-long difficulties in this respect are well known. The system, in other words, worked solely on the level of personal protection. That Krafft-Ebing gave Freud's collaborator permission to use his patients for research is yet a further proof of his friendly and encouraging attitude towards Freud. But more importantly here, Gattel's study also clearly indicates that Freud was very keen to substantiate his claims with higher case figures, and we can perhaps speculate that it was this very goal of the project that convinced Krafft-Ebing.

The Gattel monograph had a slightly unpleasant aftermath, since the work was severely criticised in a book-review by Karplus - who had helped to enable it. In view of the fact that this critique again fed Freud's feelings of rejection by the psychiatric establishment, it is perhaps worth noting that Freud himself almost fell out with Gattel over his study. Freud disagreed heavily with Gattel's work which had not been conducted in his sense at all: instead of looking into

the histories of neurotic patients, Gattel had also added his own theoretical conclusions.<sup>63</sup>

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Freud knew, it seems, that only numerical facts would finally convince. As we know Freud in the end changed his mind on the seduction theory, the point he had tried to convince Krafft-Ebing and others of. So perhaps Krafft-Ebing's critical comment encouraging Freud to go from fiction to fact (if it was ever said) was not such a bad suggestion after all, or as Peter Gay, in his biography of Freud, put it:

Krafft-Ebing had been almost right after all; what Freud had told his fellow physicians that April evening in 1896 had indeed been a fairy tale or, better, a collection of fairy tales his patients had first told him.<sup>64</sup>

## Summary

Freud did not comply with the methodology in use in his talk of April 1896. His neglect to do is all the more significant precisely because Krafft-Ebing had, half a year earlier, voiced some methodological criticism. To Krafft-Ebing it must have looked as if Freud had come back and presented another talk that was even more formally "out" than the first (since hysteria was so very frequent). It is not surprising then that even the tolerant Krafft-Ebing lost his patience with Freud. Freud's later representation of his rejection as due to the boldness and the novelty of his claims (that hysteria was due to

a sexual factor) does not really stand up: for the weakness, in fact,  
lay in his methodology.<sup>65</sup>

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- 1 Hirschmüller (1991) contains much interesting and relevant information about Vienna. Unfortunately the book appeared too recently for me to be able to make use of it.
  - 2 See also chapter 1.
  - 3 See Krafft-Ebing's letter of 26 Feb 1894 (appendix: manuscripts and partly quoted in chapter 1).
  - 4 Based on Obersteiner (1919), the best and most detailed history of the Society; as well as the official reports in the Jahrbücher für Psychiatrie (JP) and the Wiener klinische Wochenschrift (WKW).
  - 5 For this and the following points see Obersteiner (1919).
  - 6 Unfortunately we do not have sufficient detailed historical studies of medical societies in general. One very convincing exception is Schmiedebach's study (1986) of the psychiatric society in Berlin and clearly the trend there was towards neurology, too.
  - 7 The journal which was originally called Jahrbücher für Psychiatrie changed its name to Jahrbücher für Psychiatrie und Neurologie in 1894/95 i.e. vol 13.
  - 8 For the period from the session of 17 May 1893 (reported in JP (13) 1895) to the meeting of 16 May 1899 (reported in JP (20) 1901) the JP only gives the titles of talks and the meetings are described more fully in the Wiener Klinische Wochenschrift, abbreviated WKW. Before and after this period the meetings were reported fully in the specialist journal JP.
  - 9 Obersteiner (1919) p 28.
  - 10 Wagner-Jauregg (1908) p 2311.
  - 11 For example Freud's lecture on obsessional states was given on 15 January 1895, but discussed in the June meeting; or the discussion of 'one Dr. Elzholz' talk on delirium tremens on 9 June 1896 was postponed until "after the holidays".
  - 12 Examples for Krafft-Ebing publications which were previously given as lectures at the *Verein* are: his work on "Athetosis bilateralis" of which condition he demonstrated two cases on 18 May 1897 in a meeting (see WKW (10) p 619) and which was published in full as *Ueber Athetose. Klinische Vorlesung*, in the Allgemeine Wiener medizinische Zeitung, (see under Krafft-Ebing (1897), and re-published in his Arbeiten 2 of the same year. Another example is his lecture on 100 case of "paralysis agitans" held at the *Verein* on 14 December 1897 (see WKW (11) p 17) and published in his Arbeiten 3 (1898).
  - 13 Obersteiner (1919) p 26.
  - 14 Decker (1977) pp 47-50.
  - 15 The four articles are republished in Krafft-Ebing's Arbeiten 4 (1899) and prefaced with a short introduction in which Krafft-Ebing makes his priority claims over Westphal for the first use of the term. It is usually Westphal who is seen as the creator or discoverer of obsessional disorders.
  - 16 Krafft-Ebing (1899) Arbeiten 4, p 44.
  - 17 See also chapter 8.

- 18 Krafft-Ebing generally based his whole work on the collection of large numbers of cases, see for example his figures quoted in Arbeiten 3 (1898) p 5, where he speaks of 27,000 cases (and 7,000 private ones) whom he saw during 6 years at the polyclinic.
- 19 WKW (11) 1898 p 524.
- 20 WKW (8) 1895 p 496.
- 21 Reprinted in Krafft-Ebing (1897) Arbeiten 2.
- 22 Ibid. p 143.
- 23 Only the second talk has been commented on in the secondary literature.
- 24 Letter from Freud to Fliess of 26 April 1896, quoted in Masson (1985) p 184.
- 25 Ibid. p 184.
- 26 WKW (9) 1896, pp 420-21. This last point, the lack of response Freud got, has served as a starting point for historical work by Masson (1984). Although Masson is highly critical of Freud, whom he accuses of scientific cowardice and dishonesty, he lastly argues in tandem with Freud and claims that it was the unheard-of novelty and shocking revelations of Freud's views on sexuality that resulted in his being ignored by the *Verein*.
- 27 Ellenberger(1970) p 441.
- 28 Hirschmüller (1978) p 182n
- 29 Quoted in Hirschmüller (1978) pp 142 and 356-57.
- 30 He performed some tests with Bertha Pappenheim, in particular he blew some smoke into her eyes in order to attract the attention of the patient, who was ignoring everybody but Breuer, and the result of these tests was that the patient got highly upset and had to be calmed down-by Breuer on a long outing.
- 31 Hirschmüller (1978) p179
- 32 Information from the Freud museum (corresponding to an unpublished index card catalogue of the Freud library compiled by Gertrude Dann, formerly librarian at the Hampstead clinic, now renamed The Anna Freud Centre): the collection contains two editions of the general textbook (3rd ed of 1888 and 5th ed of 1893) and the 3rd ed (1892) of the forensic textbook. Further the 1st and 2nd ed (1890 and 1891) of Neue Forschungen... and the 7th, 8th, 9th and 11th ed (1892,1893,1894 and 1901) of the Psychopathia sexualis. Sulloway (1979) p 296 has already commented on Krafft-Ebing's dedications to Freud. (He makes a minor mistake in misquoting the dates of the books, due to two volumes bound together).
- 33 So far I have found one patient only treated by both Krafft-Ebing and Freud (but research into the hospital archives in Vienna and Graz might well reveal much more on this point): Freud mentions in passing a "demanding woman from Warsaw" who came to consult him and who had formerly been a patient of Krafft-Ebing's, but this refers to a later date, 1899. (Reference in a letter by Freud to Fliess of Nov 1899, quoted in Masson (1985) p 382.)
- 34 Krafft-Ebing (1896) *Zur Suggestivbehandlung der Hysteria gravis.*; quote p 181 of the republication in Arbeiten 2 (1897).
- 35 Krafft-Ebing (1898) Arbeiten 3, p 193-211; case:196-202.
- 36 Ibid. p 206.

37 Freud wrote then (republished in Masson (1984) p 253 " What we have to do is to apply Breuer's method - or one which is essentially the same - so as to lead the patient's attention back from his symptom to the scene in which and through which the symptom arose; and, having thus located the scene, we remove the symptom by bringing about, during the reproduction of the traumatic scene, a subsequent correction of the psychical course of events, which took place at the time.

38 Masson (1985) p 229 and the latest extensive biography on Freud, Gay (1988) pp 136-37, and the literature quoted there. Also see Eissler (1966) p 179.

39 Masson (1985) p 456.

40 Hirschmüller (1978) pp 410-11 and Ellenberger (1970) pp 437ff.

41 For the first contribution see Neurologisches Centralblatt (14) 1895, p 1159; for the second: WKW (9) 1896, p 281.

42 The annual meeting of 1895 with Freud's election is reported in JP (14) 1896 p 544. The report on the annual meeting of 15 May 1900 (in JP (20) 1901, p 391) still gives Freud's name. For the following year the annual meeting does not render the names of the committee members, so we do not know (in JP (20) 1901, p 415 ) and by the next annual meeting on 13 May 1902 (JP (21) 1902, p 393) Freud's name is replaced on the list.

43 The relevant statutes for the 1890s are those dated 4 March 1885, which are republished in Obersteiner (1919) p 16-20, see especially paragraphs 9, 12 and 14.

44 WKW (8) 1895, pp 496 and 762-63. (It was reprinted in Freud (1953-74) vol 1, pp 128-37).

45 This is not indicated in the official protocol of the WKW nor in the brief summary of the meetings in the JP (14) 1896, p 542-43, but it is the most usual case and it would also explain why Krafft-Ebing summed up the session some months later before the delayed discussion.

46 Freud mentions in a letter to Fliess of 13 March 1895 that the discussion had not yet taken place and that Krafft-Ebing "was ailing and did not appear in public". (Masson p 120). Indeed the official protocol in the WKW does not mention Krafft-Ebing's presence for the session of 12 March, although he then attended the sessions dated 12 Feb and 14 and 28 May 1895 before the discussion took place on the 11 June.

47 The discussion is summed up in WKW (8) 1895, pp 762-63.

48 WKW (8) 1895, p 763.

49 Quote from official and authorised protocol in WKW (8) 1895, p 762.

50 Holländer was an assistant to Meynert whom Freud met and befriended in May 1883 (Jones (1953-57) vol.1 pp 73 and 217; 18). Freud then stopped the collaboration, but Holländer was again mentioned for 1886 as giving Freud good advice on his career (Jones (1953-57) vol.1 p 156).

51 WKW (8) 1895, p 763.

52 A reply to criticisms of the anxiety neurosis. (Reprinted Freud (1953-74) vol. 1, p 108. (first printed in WKW 1895).

53 The official protocol in WKW (8) 1895 p 496 literally says: *Der Vortragende sucht diese Sätze durch die Mittheilung von mehr als zwölf Fällen von Zwangsvorstellungen zu beweisen, ... I*



understand this "more than 12" as slightly euphemistic rhetoric, since the published version of the talk (collected papers vol I, p 128-37) gives brief details of 11 cases but not more. Without putting too much weight on the exact number, the range of figures was clearly 10 +/- a very few.

54 Freud quoted "a hundred or more hours" of analysis for each case in his paper "The Aetiology of Hysteria" (1896), see Masson (1984) p 281.

55 WKW (9) 1896, pp 420-21.

56 See Masson (1984).

57 The first speaker on the 15 Jan 1895 was J.P. Karplus, Krafft-Ebing's assistant, who spoke on a neurological topic: ophthalmoplegia externa. He was followed by Hirschl, also an assistant of Krafft-Ebing's on carcinoma metastases in the brain. The first speaker on 21 April 1896 was Hermann Schlesinger on a case of hemiatrophia facie on the basis of a central disease (i.e. a neurological topic) and the second Th. Fuchs, who gave a demonstration of an atypical case of Raynaud's disease (i.e. a peripheral problem of blood perfusion).

58 JP (20)1901, p 415-18 reports two lectures for the annual meeting held on 14 May 1901: first one v. Halban, assistant to Krafft-Ebing, spoke and his talk is reported at length. Then Hirschl, also assistant of equal status to Krafft-Ebing at the same clinic in Vienna, spoke and his speech is only reported by title.

59 Figures by Freud in his published version, quoted after Masson (1984), see pp 260, 266, 268.

60 Freud's published version appeared first in the Wiener Klinische Rundschau and has been reprinted by Masson (1984) pp 251-82, that is it is 31 pages long in book format. Other talks given at the Verein are all considerably shorter, that is 5 to 9 pages newspaper format or about 10 pages book format. (For example Freud's "on the aetiology of obsessions and phobias" is a 9 page article and there are several by Krafft-Ebing: on the aetiology of multiple sclerosis, published in WKW(8) 1895, 895-99; on bilateral atethosis, republished in Arbeiten II, 1897, 143-52; on paralysis agitans, republished in Arbeiten III, 1898, 3-12; or on ecmnesie, republished in Arbeiten III, 1898, relevant part 193-204).

61 The Aetiology of Hysteria (1896) quoted after Masson (1984) pp 259-60.

62 For this and the following see the various references to Gattel in the Freud-Fliess correspondence: Masson (1985), especially pp 275, 297, 314 and 347.

63 Freud's critique related obviously to an earlier version of the study, since he then said in May 1898 that his impression was "not at all entirely unfavorable". Masson (1985) pp 297 and 314).

64 Gay (1988) p 96.

65 Freud's claim, as well as his general criticism and his often "paranoid" attitude to his colleagues, have all been attacked from different historical perspectives. See Ellenberger (1970) p 449 who explained Freud's inability to relate to his peers non-judgementally as the characteristics of a creative illness. Hirschmüller (1978) p 225 stressed how unoriginal Freud's emphasis on sexuality was at the time. Gay (1988) p 139 provided a



This chapter is an introduction to the works by Krafft-Ebing listed chronologically in the appendix. While compiling this bibliography it became clear that a number of formal points are very characteristic of Krafft-Ebing: for example, the sheer volume of his written work or the wide variety of journals and newspapers that published him. On a more speculative level we can deduce something about the history of his influence on his profession by examining the range of languages into which his works were translated. The latter is particularly interesting in view of his reputation as the author of one book, the Psychopathia sexualis - a reputation that was most dominant in the Anglo-saxon world. Analysing translations into different languages will show that the selection of his works made by the English and Americans was particularly narrow: this may explain his "single-topic" reputation.

I have discarded the idea of preparing a properly annotated bibliography: the unsophisticated and pragmatic nature of Krafft-Ebing's texts does not seem to justify the effort. The titles of papers and particularly of forensic reports are long and fully descriptive; they usually allow for an educated guess at the contents fairly accurately once one has read a couple of similar reports.

Of the approximately 550 titles listed in the appendix, 24 are books (approximately 90 when counting re-editions and translations), over 250 are articles, about 120 are reports and 75 are book-reviews. This categorisation is somewhat arbitrary particularly when distinguishing between articles and reports. Reports are regarded

here as pieces of writing dealing mainly with one (sometimes two) cases. They are usually forensic reports, that is, when an Austrian or German court had asked Krafft-Ebing to give his medico-legal opinion about an offender. A few of these reports are labelled "therapeutic casuistic" by Krafft-Ebing; they give the case histories of a very few patients from a clinical point of view without much theoretical conclusion. By contrast, those I have categorised as articles, are pieces of writing which make some general claim as well as using case-material extensively. Krafft-Ebing wrote the bulk of his reports in his middle years - from 1880 to 1890 - and less towards the end of his career. However, he wrote increasingly more articles as time went on so that half of all articles were written after 1890.

## **The format**

### Krafft-Ebing as a prolific author

It is difficult to compare the quantity of published work done by Krafft-Ebing with that of his contemporaries, as few bibliographies for other psychiatrists of the time are very comprehensive. My resulting list shows that Krafft-Ebing, far from being the author of one book, was one of the most prolific psychiatric writers of his time.

Krafft-Ebing's published work can be compared with that of a few contemporaries:

The list of his publications over a period of 47 years comprises approximately 550 items (that is inclusive of different editions of the

same book, as well as translations). By comparison Emil Kraepelin (1856-1926) published 154 works over a directly comparable time period (47 years from 1880 to 1926). The list of Kraepelin's works also includes translations, re-editions of books as well as co-authored books.<sup>1</sup> Wilhelm Griesinger (1817-1868), who lived earlier than Krafft-Ebing and who died prematurely, published 81 works over a time span of 26 years. Amongst articles and reviews there are only two books: Griesinger's famous textbook of 1845, re-edited 1861, and a book on the non-psychiatric topic "bilious typhoid", 1852.<sup>2</sup> Julius von Wagner-Jauregg (1857-1940), the direct successor to Krafft-Ebing in the chairs of both Graz and Vienna, who is perhaps the most comparable to Krafft-Ebing, since he was working in the same professional climate, published over a time span of 58 years. The two contemporary lists in the Wiener Medizinische Wochenschrift are obviously very complete and quote 242 items.<sup>3</sup> Wagner-Jauregg did not write any books.

Further (at least anecdotal) evidence for the impression that Krafft-Ebing published more than most, is obtained by examining his contributions to the psychiatric journals of the time. There exist cumulative indices for a few of these German journals. Counting the entries given for different authors in, for example, the Jahrbücher für Psychiatrie shows that Krafft-Ebing with 23 entries is heading the list.<sup>4</sup> The same can be done for the Allgemeine Zeitschrift für Psychiatrie.<sup>5</sup> In particular for the years until 1881 Krafft-Ebing, with his 26 entries (not counting book reviews), compares well with even the founding fathers of that journal: for the time period of 1851-1881 Flemming, for example, figures with 23 articles. Only Heinrich Laehr published more than Krafft-Ebing (44 articles). The very important

Nasse has 23 articles listed in the same index, whilst Schüle has 19 entries. This balance between Krafft-Ebing and the other most frequent contributors changed in later years, which does not come as a surprise: the Allgemeine Zeitschrift für Psychiatrie was very much an asylum journal. We would expect asylum directors, such as those quoted, to publish more extensively in that organ than someone like Krafft-Ebing, who had by that time moved into the additional role of university professor. Another factor may well be that he was by that time well established in Austria, and although he remained on the editorial board of the German Allgemeine Zeitschrift für Psychiatrie, he probably considered the Austrian Jahrbücher für Psychiatrie his home journal. For the years 1882-1894, therefore, Krafft-Ebing figures with 7 entries compared to Schüle with 11, Pelman with 13 and Laehr with 17 - he remains in the group of those publishing most. These statistics should here merely serve to back up the point that Krafft-Ebing did indeed write in large quantities, or as Wagner-Jauregg put it:

...the stream of his literary products flew with a might, which singled him out from almost everybody else in the psychiatric literature.<sup>6</sup>

### How did he manage it?

This impressive and constant output of publications leads to the obvious question: how did Krafft-Ebing do it? First, there is no doubt that he was a highly industrious man. There is further Krafft-Ebing's family background that may have had a direct influence. His grandfather Mittermaier was a model of productivity. Perhaps it is no coincidence that his grandson wrote so much given that Mittermaier

himself wrote 600 papers and books (and in addition answered an average of 1,400 letters per year in various foreign languages).<sup>7</sup>

This contact must have given Krafft-Ebing a first-hand insight into how to publish. He certainly had the opportunity to learn how to use a library. Mittermaier privately possessed the most extensive library of international legal texts of his time; containing 8,019 books and approximately 6,000 dissertations and brochures.<sup>8</sup> It served as a sort of lending library to both his students and legal colleagues and was integrated into the University library of Heidelberg after his death. Krafft-Ebing later excelled in digesting vast amounts of literature quickly and making efficient use of the facts in his own writings.

But even given his early indirect experience of publishing and his obvious industry, the quantity of his work is still enormous, especially bearing in mind that writing was only one of his tasks: in addition to lecturing and teaching he also ran a hospital as a medical director (and for some years in Graz two hospitals).

Formal analysis of his written work can give an indication of how he managed to be so productive: he wrote quickly and efficiently because much of his writing was descriptive, consisting primarily of case-histories. Furthermore he was a brilliant copier, copying both his own writings and that of other authors. He also had a genuine talent for making the most of given material: personal experiences apparently of marginal relevance, for example, went straight into print and material was repeatedly used for different purposes. Lastly, we find many re-editions of books - as well as of journal articles in later years - rather than new productions.

Quantitatively most significant are the many case-histories that are so characteristic of Krafft-Ebing's style. These case-examples directly correlate with the speed of publication because they were taken from the hospital records and appeared in print unchanged, thus saving new work. The patient's case had already been written down for other purposes, either by Krafft-Ebing himself or by his junior doctors.<sup>9</sup> The majority of his publications use case-histories extensively: many articles are a mere collection of cases with a brief introduction or conclusion tagged on. Similarly, the many forensic reports give an extensive history both of the crime and the patient. Only the last part of such a forensic report, Krafft-Ebing's psychiatric - forensic opinion, is new text.

There are, of course, works which are more theoretical. Book-reviews, for example, are texts of a different type and he wrote many pages of those. There are the books on more general topics that do not make use of cases, such as the successful monograph of 1885 Ueber gesunde und kranke Nerven and many of his papers.

However, the bulk of Krafft-Ebing's works use case-histories to a significant degree, and this is also true for his books: volume 3 of the textbook of general psychiatry (1879/80) is simply a case-collection of 159 cases; the forensic textbook (1875) is full of case examples and so is the Psychopathia sexualis (1886).

Krafft-Ebing also relied heavily on other authors - not to be confused with plagiarising them. His copying was straightforward, totally open and usually admirably well referenced. He copied case-histories, his own and other authors', and he often did so



verbatim. Thus the first edition of the Psychopathia sexualis, for example, contained 47 "observations" of which only 6 were made by Krafft-Ebing whilst 41 were cases previously described by others. 4 of the 6 cases by Krafft-Ebing had been published in his earlier work.<sup>10</sup> The majority of the cases from the literature had moreover not been compiled by Krafft-Ebing for the Psychopathia sexualis; they had been summed up, slightly modified or directly copied, at an earlier date, usually in connection with Krafft-Ebing's literature reviews. The fact that he acted as a reviewer of the forensic-psychiatric literature throughout his career is of primary significance here: he simply knew everything written about his field.

At the beginning of his career Krafft-Ebing revealed his ability to use every possible material for his publications. In his medical dissertation on the topic of sensory deliria (1864), he quoted as an example his own experience of a sensory delusion, experienced when he suffered from a bout of typhoid with high fevers. A two-day study trip to Gheel in Belgium, undertaken in November 1866, was turned into a short article for the Allgemeine Zeitschrift für Psychiatrie, published the following year. Krafft-Ebing's internal medical experience, acquired during the Franco-Prussian war of 1870/71, was turned into another publication, although its subject matter - typhoid (typhus abdominalis) - here had nothing to do with his by then chosen speciality psychiatry.

From the start Krafft-Ebing also put material he had collected to different uses. In 1864 Krafft-Ebing got two publications out of the topic sensory deliria: he first wrote his medical thesis on the physiological and clinical aspects of the symptom. He then focused

on the same material from a forensic angle and published another paper: "Die Sinnestäuschungen und ihre Bedeutung für die gerichtliche Psychologie" (Sensory deliria and their relevance for forensic psychology). Our overall impression is therefore that of a highly organised author, who simply pulled out of his drawer what fitted in with his current work, using and re-using the same material.

Krafft-Ebing's publishing activity was also increased by the fact that many of his books were re-publications rather than new work. The usual principle here is that the books kept their chapter orders and basic arguments more or less unchanged. This consistency in a time of frequent change in classification, was highly praised by reviewers such as Wagner-Jauregg, who in a review of Krafft-Ebing's textbook in its third edition (of 1888), commented sarcastically on other contemporary textbooks:

Comparing the last edition of Schüle's textbooks with its two predecessors, we gain the conviction that we are dealing with a complete revision of the book, in fact with a totally new book. A similar case is Kraepelin's second edition of his textbook, compared with the first. Such a complete reworking of a textbook would surely be seen as a profit, if epoch-making upheavals had taken place in our discipline. But since this is far from being the case for psychiatry, such a change is merely a change in the understanding of the author; the book therefore takes on an eminently subjective character.<sup>11</sup>

Krafft-Ebing, however, gained a reputation as a conservative thinker. As for the production of text, it must have made things easier. His re-editions were usually "revised" and "enlarged", which meant that his books grew bigger with each edition, at least in their first re-editions till a plateau was reached.<sup>12</sup> As a rule, he added new text onto his theoretical passages, updated his references by

quoting the most recent literature, and added, or sometimes replaced, case-histories with new ones that he presumably saw as more typical.

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### The journals

If it is true that Krafft-Ebing wrote copiously, it is also true that he contributed to a remarkable variety of journals. So far I have identified 40: 8 psychiatric journals (including neurology), 21 general medical journals and newspapers, 8 mainly dedicated to forensic issues and 3 literary journals and newspapers: Deutsche Dichtung, the Neue Freie Presse (a general Viennese daily), and Die Zeit.

The bulk of Krafft-Ebing's publications were distributed between the 4 following journals and newspapers:

Friedreichs Blätter für gerichtliche Medizin: 116 articles. Krafft-Ebing published in this forensic-medical journal during the whole span of his career. Before 1880 articles break down equally into systematised book-reviews, general articles on forensic topics and forensic reports. In later years, after the Allgemeine Zeitschrift für Psychiatrie had taken over the systematised annual book reviews in 1881, the publications were mainly forensic reports. General forensic topics, were presumably integrated into his forensic textbook and the journal no longer published any reviews.

Allgemeine Zeitschrift für Psychiatrie: 88 articles starting in 1864.

This figure includes Krafft-Ebing's regular annual literature reviews beginning in 1881.

Allgemeine Wiener medizinische Zeitung: 33 articles from 1891 until 1902, soon after Krafft-Ebing had moved to Vienna.

Jahrbücher für Psychiatrie: 24 articles, published from 1881 till 1902 i.e. from the beginning of the journal's existence throughout Krafft-Ebing's career.

He was also involved in these journals (with the exception of the Allgemeine Wiener medizinische Zeitung) in a more general way by being a member of their editorial boards. From 1875 until 1902 he was an editor to Friedreichs Blätter..., (which incidently was the journal that his grandfather Mittermaier had helped to edit, and to which he had contributed until his death in 1867). For the Allgemeine Zeitschrift für Psychiatrie, the leading psychiatric journal and official organ of the society of German psychiatrists, Krafft-Ebing acted as an editor from 1879 again until 1902, the end of his career. From 1887 until 1902 he was an editor of the Jahrbücher für Psychiatrie. His involvement with this journal was probably the closest, since the Jahrbücher für Psychiatrie was the official organ of the Viennese psychiatric society, of which he was president from 1892. Volume 22 (1903), the first part of which was published in 1902 when Krafft-Ebing was still alive, was a *Festschrift* dedicated by that society to Krafft-Ebing for his 30 years as a university professor. It contained his picture and several articles addressed to him.

There are many journals to which he contributed irregularly. For example in Gerichtssaal he published only one article in 1874; in the more general Irrenfreund addressing asylum issues, he published 15 articles from 1871 - 1885; in the forensic journal

Vierteljahrsschrift für gerichtliche und öffentliche Medizin, he published 9 forensic reports from 1867 - 1886.

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It may be equally noteworthy that he rarely published in the Archiv für Psychiatrie, a very important psychiatric journal. Founded by Wilhelm Griesinger in 1868 as a rival to the then only journal, the Allgemeine Zeitschrift für Psychiatrie, the Archiv für Psychiatrie was dedicated exclusively to scientific articles and eschewed the more gossipy "asylum news" published by the Allgemeine Zeitschrift für Psychiatrie. The only two articles by Krafft-Ebing in the Archiv für Psychiatrie appeared in 1877. Why he ceased his collaboration with that journal is not known, it may be that this was due to some personal hostility against him as an editor of the Allgemeine Zeitschrift für Psychiatrie.

### The audience

Krafft-Ebing's contributions to such varied journals as medico-forensic, general-medical, outspokenly psychiatric and literary journals, leads to the question of his readership. Who did Krafft-Ebing actually address? The simplest answer is that he mainly wrote for doctors - and in particular for those specialising either in psychiatry or in legal medicine. This is obviously true for his two textbooks and spelt out clearly in the title of his general textbook of 1879/80: Text-book of insanity <verbatim: psychiatry>, based on clinical observations for practitioners and students of medicine. It is equally true for the many articles that appeared in the Allgemeine Zeitschrift für Psychiatrie, the Allgemeine Wiener medizinische

Zeitung and the Jahrbücher für Psychiatrie since these journals were addressed to a medical (specifically a psychiatric) audience.

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Two other groups of readers deserve specific attention in this context, however: lawyers and laymen.

Krafft-Ebing addressed lawyers directly in numerous publications. For example, there are his repetitive formulae in many titles of his books and monographs *für Aerzte und Juristen* (for doctors and lawyers), *für Juristen* (for lawyers) or *klinisch-forensisch* (clinico-forensic).<sup>13</sup> There is further, as we have already seen, Friedreichs Blätter für gerichtliche Medizin, the journal in which Krafft-Ebing published most frequently. This journal was written by and for doctors with medico-legal interests, but it also addressed itself to lawyers and published their contributions.

Other books, such as his forensic textbook (1875), were directly addressed at legal experts:

It seemed indicated to aim at utmost brevity and clarity of style, to stay away from all speculation and theory, to avoid all unnecessary quotations as well as (unnecessary) references to the literature, since the practical aim of this book is to meet the needs of forensic doctors, judges, public prosecutors and defence counsel.<sup>14</sup>

Lastly, he dedicated several of his books to former medical teachers or psychiatric friends, but he also dedicated two books to Franz von Holtzendorff, a professor of law at Berlin and later Munich.<sup>15</sup> Krafft-Ebing presumably knew von Holtzendorff through his grandfather Mittermaier under whom von Holtzendorff had studied. He had

contributed to von Holtzendorff's legal dictionary, first published in 1870.

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The second non-medical group amongst Krafft-Ebing's readers was the layman. Above all, it was Krafft-Ebing's work on sex that made his name known amongst a wider public. Krafft-Ebing became popular, for example, in homosexual circles in the 1890s thanks to his direct programme of attacking the existing legal punishment of male homosexuality in various articles such as that of 1891: "Zur conträren Sexualempfindung; Autobiographie und strafrechtliche Betrachtungen über den Paragraphen 175 des deutschen Strafgesetzbuchs von einem Conträr-Sexualen". (On contrary sexual feeling; autobiography and criminal-legal reflections on paragraph 175 of the German criminal law, as seen by a contrary sexual individual). Another attack on existing law was launched by Krafft-Ebing in his "programmatic pamphlet" (*Denkschrift*) of 1894: Der Conträrsexuale vor dem Strafrichter. De sodomia ratione sexus punienda. De lege lata et de lege ferenda. (The contrary sexual in the criminal court. On punishing sodomy on grounds of sex. The law as it stands and in the future).

As is generally known, an even larger lay-readership was attracted by the Psychopathia sexualis (1886). This book was read not only by doctors, lawyers and homosexuals, but it was also promoted by novelists writing on sexual topics.<sup>16</sup> Thus Krafft-Ebing's name became associated, well into the 20th century, with the topic of sexuality.

Even if Krafft-Ebing was best known for this, he was already a household name for other reasons during the 1880s and 1890s in Austria and Germany. It is significant that the family weekly Die Gartenlaube, a magazine designed to promote easily digestible knowledge on natural scientific topics as well as entertain with morally uplifting stories, published an obituary of Krafft-Ebing.<sup>17</sup> This obituary was probably the only one with no mention of the fact that Krafft-Ebing had written the Psychopathia sexualis; instead it stressed others of his popular works.

The most successful of several of Krafft-Ebing's contributions to the lay-press was his Ueber gesunde und kranke Nerven (1885) (On healthy and diseased nerves). This pocket-size book came out of a very well attended lecture given a year earlier at a school for the higher education of girls at Graz. Krafft-Ebing's lecture on the trendy subject of nervousness had been well attended, and its subsequent publication by the house-publisher of the school, had apparently sold so well that he was approached by one H. Laupp of Tübingen, who was planning to publish a whole series of popular lectures.<sup>18</sup> Krafft-Ebing himself seems to have been ambivalent about whether to add to the genre of popular-medical literature. He felt that the existing books by Möbius and by Eyselein<sup>19</sup> catered for the general audience, and moreover he had his doubts as to the usefulness of the genre. Once written, the book went through several editions and was also translated into Swedish, Hungarian and Russian the same year, but apparently not into other languages.<sup>20</sup> A shorter booklet appeared several years later in 1892 entitled: Ueber Gesittung (on morality). It is comparable to the one on nerves of 1885 inasmuch as it also offered a lot of common sense, mixed with a complaint



about hectic modern times and a call for a physically and psychologically/morally healthy life-style.

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In 1899 Krafft-Ebing published a lecture on the history of plague in Vienna, held at the *Volksbildungsverein* (Viennese Society for the education of the people) on 17 January 1899. The lecture was a response to the feelings of panic and the critique of scientific experimentation voiced in Parliament in a special meeting on 28 October 1898. The background story was that the pathological-anatomical Institute of the University, situated next to clinical wards of the general hospital, had installed a special plague-laboratory, a room in which animal laboratory experiments on plague were undertaken. The experiments started in August 1897 and led to several cases of plague amongst laboratory personnel a year later. Three people died. The general fear and political opinion was that modern laboratory technology could possibly lead to an outbreak of a new plague epidemic - that science represented a danger for the population. Krafft-Ebing's historical report of plague was clearly designed to calm the waves of mass hysteria, which had been furthered, as always, by the press. He reported numbers of cases and deaths that had occurred in previous centuries and compared them favourably to the three deaths caused in 1898. It seems most likely that Krafft-Ebing was chosen to deliver the lecture because of his status and popularity. That he was willing to give it indicates his active support of bacteriological methods and laboratory science. (See also chapter 8).

Krafft-Ebing also became known to a lay-audience through his hypnotic interests, for example when he freely gave his opinion on

hypnosis when asked for it by the Austrian poet Emil Franzos.

Franzos, in 1891, had run a sort of field-study amongst leading doctors by apparently sending them all an identical request to write on hypnotic suggestion. He then published the received essays, which contained very contradictory opinions, under the title "Die Suggestion und die Dichtung" (suggestion and poetry) in his literary journal - probably to the detriment of several professional relationships.

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## **The content**

Let us now consider the content of Krafft-Ebing's work in a more systematic way. One of the main areas of his interests was the relationship of psychiatry to forensic questions. From the mid-1870s he worked on sexual pathology, and in the late 1880s on hypnotism. The latter subject lost its attraction for Krafft-Ebing, as for everybody else, during the 1890s. (Hypnosis was transformed and integrated into the psychoanalytical movement, with which Krafft-Ebing was not directly involved). Perhaps less well known is that Krafft-Ebing was throughout his life an active writer on neurological topics, in particular on tabes and syphilis, but also on other highly organic topics such as multiple sclerosis, or peripheral nerve lesions. It has already been pointed out that some of his writing can be classified under popular literature. Related to this genre are several papers and monographs on administrative problems of asylums or on the teaching of psychiatry. Lastly, Krafft-Ebing remained a broadly-based psychiatric clinician, updating his

general textbook every few years, and publishing articles on individual diseases or specific therapeutic questions.

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### The book-reviews

Of Krafft-Ebing's 75 book reviews written during his career, more than half are review-articles, rather than reviews of one book only. They first appeared regularly in the journal Friedreichs Blätter... in a section entitled "forensic-psychiatric literature" as part of an annual book-review. This systematised approach to covering the whole of psychiatric literature half-yearly and later annually, was from 1881 taken over by the Allgemeine Zeitschrift für Psychiatrie (and abandoned in Friedreichs Blätter...). Again, Krafft-Ebing was in charge of the forensic-psychiatric section. Krafft-Ebing, therefore throughout his career reviewed - and got to know - the major contributions to forensic psychopathology. Since only one such review-article appeared for the German-speaking world at any one time it also means that Krafft-Ebing had something of a monopoly in moulding opinions.

These review-articles covered an average of 56 items on 30-50 pages of one of the above journals. The titles reviewed consisted of a very few monographs and books (a maximum of 4 was reached in 1890) and a majority of either articles or case-reports. The area of forensic psychopathology was, it seems, in its infancy and had not reached the stage where books were written. Krafft-Ebing also covered publications written in French, Italian, English, Dutch and Russian. The first four of these languages he could certainly read

himself, whereas he presumably did not speak Russian since these reviews are signed separately by one Dr Rothe.

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About 30-50% of all reviews were on German publications. The non-German literature showed a predominance of French writings; the frequency of other languages varied over time: whereas Italian was very important in the 1870s (Lombroso), there was a boom of American literature in the mid-1880s. Russian literature was reviewed particularly in the late-1880s.<sup>21</sup> English journals were considered more towards the end of the century.

Although his style of reviewing is on the whole factual - with extensive dry summaries, few value-judgements and hardly any polemic - the work still suggests national preferences. As a general rule the French are top of his list (Brierre de Boismont and Prosper Despine are important names here<sup>22</sup>) and this is not surprising since the whole idea of forensic psychiatry is essentially French. The Italian school of Lombroso is cautiously praised by Krafft-Ebing. The criminal-anthropological model is seen as a fundamental step forward, but some of its claims, such as Lombroso's detailed statistics, are considered to go beyond established facts. The English, lastly, who had been generally praised for their asylum management in the first half of the century, lost much of their good reputation with German psychiatrists in the second half, and Krafft-Ebing was no exception here. English legal practice and the whole problem of professional relationships between psychiatrists and jurists was criticised by the Germans. English psychiatrists were pitied for their lack of influence in the courtroom and at the same time they were looked down upon for upholding "old-fashioned"

concepts such as partial insanity and for only recognising mental disease when accompanied by delusions.<sup>23</sup> English jurisprudence was attacked for being generally outdated and adhering to principles of common sense, instead of recognising psychiatric expertise. Krafft-Ebing held that this led to frequent legal murders of patients - more than in Germany or Austria.<sup>24</sup> This, as German psychiatrists argued more successfully than their English colleagues, was the consequence of failing to establish a system of regular psychiatric reports at court.<sup>25</sup> Krafft-Ebing would stress again and again in his forensic work that lawyers were not the professionals to diagnose mental illness and that common sense was not the way to do it.

### The forensic reports

Krafft-Ebing wrote about 120 forensic reports, mainly published in Friedreichs Blätter but a few in other journals (Allgemeine Zeitschrift für Psychiatrie and Vierteljahrsschrift für gerichtliche und öffentliche Medizin). Of this category I have chosen two typical examples for illustration:

1) "Mord oder Todtschlag. Zweifelhafter Geisteszustand.

(Psychischer Entartungszustand. Chorea. Krankhafte Affecte.)

Gutachten der Grazer med. Facultät." FB (34)1883, 87-100. (Murder or manslaughter. Doubtful mental condition. (psychological degeneration. Chorea. Pathological affects) Forensic report of the medical faculty at Graz.)

2) "Schändung. Zweifelhafter Geisteszustand. Keine Geisteskrankheit." FB (34)1883, 100-107. (Rape. Doubtful mental condition. No mental illness.)

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These reports were typical in the following respects: they were both published by Friedreichs Blätter. They are short texts centred around one forensic-psychiatric case. One of them is a general forensic report, the other was ordered specifically from a university faculty, both of which was common. Faculty reports were ordered by the court sometimes when other, contradictory medical reports, had already been written and the court was looking for a higher expert opinion from the university to settle the case. In the case quoted here, the faculty had been asked directly by the defence counsel and no previous report appears to have existed.

The content of these two reports is largely summed up in their titles. The idea of a psychiatric-forensic report is to speak both a legal and a medical language and to mediate between the two professions. Krafft-Ebing's reports were always in the same format: first the legal problem, then the medical observations and lastly the medical answers to the questions asked by the Court. In our first case, the case of the murder or manslaughter, Krafft-Ebing first summed up the legal files under the subheading "case-history and facts from the files". That part of the report used legal language. The next paragraph, under the subheading "early life and conditions of health" gave a short history of the accused up to, and inclusive of, the time he spent in prison. This is again based on the existing legal documents, but this time using medical terms and quoting the prison doctors, who had observed the accused. Under "exploration

of the accused at the University clinic of Graz from 21 June to 6 July <1882>" Krafft-Ebing gave a direct assessment of the man. It consisted of a description of the patient on admission to hospital, a recounting of statements made by the patient, general observations made on the ward, as well as the brief results of a physical examination. The last paragraph was the "forensic report", that is Krafft-Ebing's answers to the questions asked by the Court. The first of these questions was: "which is the true psychological and physical condition of the offender, and specifically how could this condition be (or how had it to be) at the time of the deed?". In this particular case Krafft-Ebing argued that the accused had committed his deed out of a strong fear and under the deluded impression of having been attacked by the victim. In answer to the second legal question as to his legal responsibility, Krafft-Ebing answered with an often-used formula. This question, he said, was a purely legal one and had to be decided by the Court. In this case a medical opinion would stress that people such as the accused were not in full possession of their intellectual and emotional faculties, and the history of this man showed moreover a "damaged and distorted" personality. The report ended with a reference to a newspaper article published at the end of November, that the accused had been acquitted by the Court.

The second report of a 63 year old man, who had tried sexually to harass or possibly rape young girls, differed formally from the first only slightly: two reports were ordered, because the Court obtained new witness material during its proceedings. In addition, the accused was not hospitalised as the first case, but was apparently examined in prison by the psychiatrist (presumably Krafft-Ebing or

his assistant) on the 25 and 26 May 1882. Krafft-Ebing's verdict here was that the accused was not mentally ill in the strict sense of the word although his mental condition was doubtful. The man committed suicide a few days before the final trial.

### Areas of specific interest

An approximate count of book-titles and articles on the different topics gives the following: on strictly forensic topics 50; on sexuality 45; on hypnotism 14; on general psychiatric and medical topics 100; administration and popular books 20, and on neurology 60.<sup>26</sup>

#### 1) Forensic psychiatry:

Krafft-Ebing's forensic interests are evident in almost all his work. From the start of his career he published on psychiatric-legal topics, for example, when he turned his first publication - his medical dissertation on sensory deliria - into an article for Friedreichs Blätter by shifting the focus. Between that paper of 1864 and an article of 1901, "Civilrechtliche Psychiatrie" (civil-legal aspects of psychiatry), lie a whole range of articles on legal topics. Above all, there is Krafft-Ebing's substantial forensic textbook of 1875. The topic forensic psychopathology had previously been a chapter within medico-forensic textbooks.<sup>27</sup> Krafft-Ebing's textbook was the first in the German-speaking world to separate psychiatry from the rest of medicine as far as legal problems were concerned.



The above total of 50 publications dealing directly with forensic issues is misleadingly low. We have already seen that all of Krafft-Ebing's book-reviews and the bulk of his reports, which are not counted here, can be put into this category. In addition it appears that much of Krafft-Ebing's other work was written from a legal point of view.

Articles about diagnostic categories such as mania transitoria or lucida intervalla might initially appear to be on general-psychiatric topics at first sight, but often turn out to be written from a forensic angle. This becomes clear in the subtitle of, for example, Krafft-Ebing's first monograph on mania transitoria: Die Lehre von der Mania transitoria für Aerzte und Juristen dargestellt (1865) (The doctrine of mania transitoria set out for doctors and lawyers). Other conditions look less obviously forensic and were still explored by Krafft-Ebing for their forensic relevance.

Krafft-Ebing wrote two articles and one short book on the psychiatric implications of menstruation. Menstruation was of forensic interest, then as today, because it was seen by some medical authors as a condition which could render a perfectly sane woman temporarily insane. A menstruating woman could, according to Krafft-Ebing's and other authors, be insane to the extent of committing crimes such as murder. Since these criminal deeds were performed under the influence of an organic condition, the woman should not be held responsible. The first of Krafft-Ebing's articles on menstruation (dated 1878) was: "Untersuchungen über Irresein zur Zeit der Menstruation. Ein klinischer Beitrag zur Lehre vom periodischen Irresein." (Examinations of madness at the time of menstruation. A

clinical contribution to the doctrine of periodical insanity). The second article (1892) was: "Die Bedeutung der Menstruation für das Zustandekommen geistig unfreier Zustände." (The significance of menstruation for the occurrence of mentally unfree conditions). The book (his last and written after his retirement from Vienna University), was called: Psychosis menstrualis. Eine klinisch-forensische Studie. (Psychosis menstrualis. A clinico-forensic study). All of these three publications have an outspokenly forensic intention.

The chapters on hypnotism and on sexuality will make clear that both these areas of interest were interwoven with Krafft-Ebing's forensic interests. He could in some ways be described purely as a forensic-psychiatric expert. His two forensic monographs of 1872 and 1873,<sup>28</sup> his forensic textbook (1875), his articles in von Holtzendorff's legal dictionary (1870, 1875 and 1880) and all those articles and monographs addressing themselves to a legal audience are the most visible expression of this fact.

## 2) Sexual psychopathology

Krafft-Ebing's pioneering contributions to this topic are dealt with in more detail elsewhere. Chapter 6 will show that the idea of categorising sexual disorders arose in the mid-1870s. This process which led to the lasting medicalisation of sexual problems began from a forensic angle. Looking at the broader aspects of sexual behaviour replaced the narrower preoccupation of asylum psychiatrists with the symptom masturbation. The traditional and

generally accepted view on masturbation was that it led to insanity.<sup>29</sup> Krafft-Ebing, in his passages on masturbation, did not diverge from this. He, too, saw a causality between masturbation and insanity, spelt out most clearly in his article of 1875: "Ueber Irresein durch Onanie bei Männern." (On insanity through masturbation in men).

Whilst Krafft-Ebing's opinion on masturbation was not original, his placing of sexuality within a broader psychiatric framework was undoubtedly so. Although it was not completely novel (steps into the same direction had already been taken by French psychiatrists), the extent to which he systematised his views, as well as the German context in which he did so, were definitely new.

Krafft-Ebing wrote his first systematic paper on sexual disorders in 1877: "Ueber gewisse Anomalien des Geschlechtstrieb und die klinisch-forensische Verwerthung derselben als eines wahrscheinlich functionellen Degenerationszeichens des centralen Nervensystems." (On certain anomalies of the sexual urge and their clinical-forensic use as a probably functional sign of degeneration of the nervous system). This article is a direct precursor of the Psychopathia sexualis for several reasons. It already used the same categories of sexual disorders as the later book: anaesthesia, hyperaesthesia, paradoxo and paraesthesia. It was based on twelve cases, two of which were re-quoted in Krafft-Ebing's book. There was major emphasis on the heredity of such sexual conditions, with two thirds of all cases seen as hereditary - and again he did not change his views on this point. Lastly, here as in the Psychopathia sexualis, Krafft-Ebing saw sexual disorders as a

sign pointing towards degeneration and he wanted to put the sexual symptoms to a forensic use.

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From the publication of this paper onwards, and particularly after 1886, Krafft-Ebing must have put a considerable amount of his energy into the topic of sexuality. He re-edited the Psychopathia sexualis more or less annually and he wrote several more articles on specific subjects, mostly on homosexuality (for example, in 1889 (two), 1890, 1891, 1894 (two), 1900 and 1901), but also on other conditions such as fetishism (1891) and bestiality (1894). The Psychopathia sexualis, however, remained his only book. His second monograph of 1890: Neue Forschungen auf dem Gebiet der Psychopathia sexualis broke new ground in introducing the concepts of sadism and masochism into his theory, but it was integrated into the Psychopathia sexualis in 1892 and cannot be seen as a different book. By that time other authors had started to publish on the topic and Krafft-Ebing contributed prefaces to works by his direct pupils Albert Moll (1891) and Albert Fuchs (1899).<sup>30</sup>

The topic that was to make Krafft-Ebing notorious certainly occupied his mind for many years, but it is still worthwhile to remember that quantitatively speaking it was not prominent in his written output.

### 3) Hypnotism

Hypnotism was the only area of interest that Krafft-Ebing took up and then abandoned after a few years. Quantitatively speaking, it was not of major importance since it led to only a dozen articles and

two books (1888 and 1893), the second of which was a very short monograph of 38 pages.

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Krafft-Ebing's interest in hypnotism was important in that it changed his perception of sexual disorders. In addition, his reputation was shaped significantly by his taking on board hypnotism. It led to his being attacked by medical colleagues (Theodor Meynert, Moritz Benedikt or the surgeon Billroth to name the most important ones) and by the press. On a deeper level it confirmed that he had considerable sympathies with novel therapeutic methods. He did not live to see the growing influence of psychoanalysis, but he did witness its early days when it was one version of hypnosis.

#### 4) Neurology:

Krafft-Ebing made major contributions to the emerging speciality neurology. His publications cover the whole period of his career as well as many aspects of this subject.

He published one lengthy contribution of 100 pages in 1894 - "Die progressive allgemeine Paralyse" (Progressive general paralysis), a chapter to the 24-volume-handbook edited by Nothnagel - and a wealth of smaller articles. Particularly pleasant to read are some of his university lectures held at Vienna (from 1889) and usually published in the Allgemeine Wiener medizinische Zeitung.<sup>31</sup>

Krafft-Ebing's major interest within neurology was paralysis, especially tabes, a paralysis of the legs frequently seen in patients

hospitalised in asylums since these peripheral lesions often go together with mental derangement. From the middle of the 19th century onwards it had been postulated that there was a causal link between tabes and syphilis.<sup>32</sup> Krafft-Ebing contributed significantly to the discussion of whether or not tabes was caused by syphilis, which is how we still understand the condition today. His views changed over time, culminating in his often-quoted adage "civilisation and syphilisation" put forth at the International Medical Congress in Moscow August 1897.

#### 5) Popular literature, administrative problems and teaching

Several contributions to the genre of popular literature have already been listed above. Krafft-Ebing's work as an administrator and lecturer led him to write several articles (about a dozen) from which we can learn of his administrative beliefs. These articles include a paper of 1879 making an urgent appeal for improvement in psychiatric administration.<sup>33</sup> In another paper he made an appeal to further the status of psychiatry as a medical discipline by fully integrating it into the medical curriculum: "Die Psychiatrie und das medizinische Studium." (Psychiatry and the medical curriculum) (1890).

#### 6) Miscellaneous publications:

Lastly we must not forget that many of Krafft-Ebing's publications do not fit any of the categories proposed. As a broadly based clinician

he wrote on many individual disease categories from moral insanity (1871) through alcoholism (1874, 1882), to hysteria (in 1871, 1872, 1882, and every year from 1893 to 1899). These articles covered different aspects of the respective diseases such as, in the case of hysteria, legal responsibility (1872), treatment (1871, 1896, 1898) or differential-diagnostic problems (1897). Other articles focused on symptoms: historically one of the most important was obsessive behaviour. Krafft-Ebing put down his priority claims over Westphal for obsession as a symptom, saying that he had coined the word *Zwangsvorstellung* (obsessional idea) in 1867, whereas Westphal then categorised it as a disease named "obsessional illness" in 1877.<sup>34</sup> Finally, there are articles on general therapeutic methods, for example on pharmacological aspects of narcotics (1890) or his lecture "Zur Therapie der Geisteskrankheiten." (On the therapy of mental illness) (1891), a paper covering the whole range of therapeutic possibilities available at the time. These articles partly expanded and partly updated topics already covered in his general textbook (1879/80). The latter was re-worked seven times.

## Translations

Krafft-Ebing's works were translated into French, Italian, English, Russian, Hungarian, Swedish and Spanish during his lifetime. Which of the publications were translated and when clearly says something about his reception abroad. The earliest work to be translated which I have found is his forensic text Grundzüge der Criminalpsychologie auf Grundlage des Strafgesetzbuchs des deutschen Reichs für Aerzte und Juristen of 1872; it appears to

have been translated both into French and into Russian in 1874 (as well as into Hungarian in 1876 and into Italian in 1886).<sup>35</sup> Neither it, nor indeed any other forensic texts by Krafft-Ebing, was ever translated into English.

### English translations

In 1888 there appeared an article on the perversion of the sexual instinct in the American journal Alienist and Neurologist. This was followed a year later by the translation of Krafft-Ebing's first important contribution to the then still controversial subject of hypnotism: An Experimental Study in the Domain of Hypnotism (German edition: 1888). This edition seems to have been in some demand in the English-speaking world since it was re-edited in facsimile editions in 1893, 1896 and, recently, in 1982. Only a few years after these first English translations (in 1892), the same American clinician, Charles G. Chaddock, who had translated Krafft-Ebing's book on hypnotism, also translated the Psychopathia sexualis (1886; translation of 1892-edition). In 1894 two articles on neurological topics (Poliomyelitis complicated with multiple sclerosis, and on tetany) were translated for the Medical Press and Circular. Several more articles from Krafft-Ebing's collected works - Arbeiten (1897-99) - again mainly on organic topics, appeared between 1899 and 1903 in the Alienist and Neurologist.<sup>36</sup>

It is of course the Psychopathia sexualis, of all the books written by Krafft-Ebing, that made a significant impact in English. Chaddock's translation was followed by another in 1899, this time offered by a



professional English interpreter, F.J. Rebman. Both the Chaddock and the Rebman translation of the Psychopathia sexualis underwent innumerable re-editions over an extended period up to the 1960s. The history of the various editions of this bestseller is itself very interesting, although not that easy to trace, since many "wild" or illegal versions were published. (For a near-complete list of these publications see the second appendix).

It suffices here to make two points: The first English translation of the Psychopathia sexualis was based on the 7th German edition of the book. The second English translation, by Rebman, was based on only the 10th German edition. By its 7th edition of 1892 (and more so by its 10th edition of 1898) the Psychopathia sexualis had undergone several substantial changes compared with the original published in 1886. What had started off as a short case-collection with a predominantly legal focus, had by that time changed into a much more extensive book with the considerably broader goal of addressing general psychological issues of human sexuality. This shows, for example, in the new therapeutic approach taken directly from hypnotism. It also shows in the broadening of Krafft-Ebing's terminology. The concept of exaggeratedly active or "male" and exaggeratedly passive or "female" sexual behavior, and their equation with sadism and masochism, was first formulated by Krafft-Ebing in Neue Forschungen auf dem Gebiet der Psychopathia sexualis... (1890) and integrated into the Psychopathia sexualis only in its 7th edition.

This resulted in English-speaking readers getting to know a very different text from that of their German-speaking contemporaries. It

is surprising that the Psychopathia sexualis had quite a different reputation with English speakers than with German speakers - then as today. Although the book was also re-published in German well into the 20th century, it always seemed to keep a more "scientific" profile and thus avoided the label of "pornography" given to it in England and America during this century. Even a brief look at the respective publishers bears witness to this: Enke (Stuttgart) was, and is, a serious publishing house specialising in academic and medical literature. A. Müller (Rüschlikon-Zürich/ Stuttgart-Wien), if more literary and less specialised in medical scientific literature, is certainly a less "adventurous" address than Pioneer publications (New York) or Capricorn Books (New York).

There is no denying that cultural factors played an important role in the reception of the Psychopathia sexualis. On the other hand it seems noteworthy that the text - understood as going too far in one country and as respectable science in the other - was in reality not quite the same in each country. The differences in text between the English and the German editions are not only literal. After all, the German reader read the same later editions of the Psychopathia sexualis as those published in the 1890s. The difference is more subtle. The German medical reader would be acquainted with Krafft-Ebing's work; he would in particular know his two extensive textbooks, the one of 1875 which made Krafft-Ebing's reputation as a forensic expert, and the 1879/80 textbook on general psychiatry. By contrast, all that the English reader knew of Krafft-Ebing from first-hand experience, were his studies on hypnotism and his interest in sexual topics.<sup>37</sup> The full title of the Psychopathia sexualis carried the addition: "Eine klinisch-forensische Studie" (a medico-

forensic study).<sup>38</sup> Although this title was properly translated into English, I believe that its implication was not understood by the English audience. The legal systems of England and Germany and the professional debates between psychiatrists and lawyers were sufficiently different for the two countries to render Krafft-Ebing's medico-forensic arguments incomprehensible to the English reader. I assume that English psychiatrists therefore just focused on those aspects they understood - the clinical and therapeutic parts of the text. Certainly contemporary reviewers in medical journals reacted very differently in the different countries: whilst the English did not utter a word about the forensic significance of Krafft-Ebing's text,<sup>39</sup> the Germans stressed this aspect. Mendel, for example, in a review of the first edition of the Psychopathia sexualis said:

... The last part <of the book> is on the relationship of sexual disorders to the Court. Given the interests of psychiatrists in the topic, as well as its importance since <these conditions> need to be judged so frequently in Court especially in recent times, one can hardly fail to recommend a monograph on that topic. Even more so, when such a monograph is written by an author so well renowned for his achievements in forensic psychiatry....<sup>40</sup>

### Other foreign language translations

If the English reader had only a one-sided picture of Krafft-Ebing, this is much less the case for Italian, French and Hungarian readers.

Several of Krafft-Ebing's most important texts were translated into Italian:<sup>41</sup> his general textbook of psychiatry (1879/80) was translated in 1885/86; the forensic text Grundzüge der

Criminalpsychologie... (1872) in 1886;<sup>42</sup> the Psychopathia sexualis (1886), introduced by the famous Lombroso, was translated as early as 1889 (Krafft-Ebing had in turn been acquainted with and influenced by Lombroso's work for many years).<sup>43</sup> An Italian edition of Krafft-Ebing's first book on hypnotism (1888) appeared in 1893, and his forensic pamphlet, Der Conträrsexuale vor dem Strafrichter... (1894), in 1896.

A similar, more balanced opinion than the one held by the English reader, would have been gained by the French. Again principal texts by Krafft-Ebing were translated; including a substantial forensic text<sup>44</sup> as early as 1875, the Psychopathia sexualis in 1895, the general textbook in 1897 and the forensic textbook in 1900 (and 1911). It is moreover possible that Krafft-Ebing, who certainly read French fluently, could write it, too.<sup>45</sup> In general the French had a distinctly good opinion of him.

Krafft-Ebing was certainly well known in Hungary, judging from the fact that a wide range of his texts were translated into Hungarian. Given the close political relationships and physical proximity of Austria and Hungary, it is most likely that Krafft-Ebing had personal connections with psychiatrists in Hungary, but this question has not been looked into further.<sup>46</sup> There are further problems with my list of Hungarian translations which must remain unsolved at the moment.<sup>47</sup> What can be said is that both of Krafft-Ebing's textbooks, his popular booklet on nerves of 1885, as well as the Psychopathia sexualis were all translated into Hungarian.<sup>48</sup>

For Russian and Spanish, there are also technical problems with my list which prevent general conclusions. As for Russian, there are at least four books by Krafft-Ebing which have been translated, but possibly more. These are: Grundzüge der Criminalpsychologie... (1872) translated in 1874, Ueber Nervosität... (apparently the earlier version of 1884) translated in 1885, the Psychopathia sexualis (1886) translated in 1887, and Eine experimentelle Studie auf dem Gebiete des Hypnotismus (1888) translated either in 1888 or 1889.<sup>49</sup> I have found one Spanish translation of Krafft-Ebing's forensic textbook (1875). This 2-volume edition entitled Medicina legal is not dated, but was apparently published between 1901 and 1930.<sup>50</sup> Lastly, there are two translations into Swedish: the one of Gesunde und kranke Nerven (1885, translated same year) and the one of Eine experimentelle Studie... (1888, translated same year).<sup>51</sup>

## Summary

In conclusion we can state that Krafft-Ebing wrote profusely and on a variety of topics. His texts had a considerable influence both within the German-speaking world and abroad; both at the time and subsequently, well into the 20th century. If we look, on the other hand, for theoretical analysis or systematised thought models Krafft-Ebing's work is more modest than it looks at first sight. His texts centre around repetitive descriptions of cases, which served a particular purpose. They were meant to be practically useful and were to be read, absorbed, eventually overthrown, added to or changed by other clinicians. Unlike many other authors - for example Freud - Krafft-Ebing did not build up a theoretical model

which was then illustrated or proven by clinical data, and this showed in the format and style of his works. Although fluently and elegantly written, Krafft-Ebing's publications do not claim to have the final word. By contrast, they are an expression of his conviction - expressed in his inaugural speech at Vienna University in 1889, and, according to Wagner-Jauregg, his most characteristic definition of psychiatry - that:

...today's psychiatry can only claim to be a descriptive and not an explanatory science.<sup>52</sup>

- <sup>1</sup> Kraepelin (1983) pp 253-58.
- <sup>2</sup> Figures taken from a thorough and recent study on Griesinger with an extensive bibliography: Wahrig-Schmidt (1985) pp 208-14.
- <sup>3</sup> See Pilcz (1928) and (Anon.)(1937).
- <sup>4</sup> Index volume for the years 1879 to 1905 in volume 25 (1905) of the Jahrbücher für Psychiatrie.
- <sup>5</sup> This journal published all in all 4 index volumes, partly as separate volumes to the journal summing up the following volumes:  
 1-7 (i.e. 1844-1850)  
 8-37 (i.e. 1851-1881)  
 38-50 (i.e. 1882-1894)  
 51-60 (i.e. 1895-1904)
- <sup>6</sup> Wagner-Jauregg (1908) p 2308.
- <sup>7</sup> Jammers (1966) p 163.
- <sup>8</sup> Jammers (1966) p 167; Jammers, a senior-librarian at Heidelberg, also took the trouble to personally measure the books in the Mittermaier collection, so that we now know that there were approximately 270 meters of books.
- <sup>9</sup> I have so far not compared the handwritten hospital records with the published cases, since this thesis generally focuses on the vast amount of printed material not yet described. My impression here is based on the style of Krafft-Ebing's printed case-histories, and particularly on those examples where whole passages of his work have clearly not been written by him directly. One example is the hypnosis case of Ilma in which large sections describe Krafft-Ebing performing experiments quoting him in the third person. (see Krafft-Ebing (1889) Eine experimentelle Studie... 2. ed., repetitive examples on most pages between 32-82.)
- <sup>10</sup> Krafft-Ebing's six cases are those numbered 23/24/25/30/38 and 43 of the 1886 edition of the Psychopathia sexualis. 23 and 24 are cases not formerly published.
- <sup>11</sup> Wagner-Jauregg in Wiener Klinische Wochenschrift (1) 1888, p 648.
- <sup>12</sup> Compare the pages of different editions of the more important books:  
forensic textbook (1875): 1st ed. (1875) 400pp; 2nd ed. (1881) 415pp; 3rd ed. (1892) 504pp; 3rd ed. 2nd printing (1899) <number of pages not known>; 3rd ed. 2nd printing, with additions (1900) 539pp.  
general textbook (1879/80): 1st ed. (1879/80) 732pp; 2nd ed. (1883) <number of pages not known>; 3rd ed. (1888) 750pp; 4th ed. (1890) 804pp; 5th ed. (1893) 710pp; 6th ed. (1897) 646pp.  
Psychopathia sexualis (1886): 1st ed. (1886) 118pp; 2nd ed. (1887) 156pp; 3rd ed. (1888) 185pp; 4th ed. (1889) 236pp; 5th ed. (1890) 303pp; 6th ed. (1891) 336pp; 7th ed. (1892) 441pp; 8th ed. (1893) 452pp; 9th ed. (1894) 424pp; 10th ed. (1898) 384pp.
- <sup>13</sup> Four examples out of many: Die Lehre von der Mania transitoria für Aerzte und Juristen dargestellt (1865), Grundzüge der Criminalpsychologie auf Grundlage des Strafgesetzbuchs der deutschen und österreichischen Strafgesetzgebung für Juristen. 2. ed. 1882 (the first edition of 1872 had been: ... für Aerzte und Juristen; and for clinico-forensic: Ueber die durch

Gehirnerschütterung und Kopfverletzung hervorgerufenen Krankheiten. Eine klinisch-forensische Studie. (1868) and, of course, Psychopathia sexualis. Eine klinisch-forensische Studie. (1886)

<sup>14</sup> p V.

<sup>15</sup> Chronological list of dedications (refers to the first editions of books unless stated. Not all books have dedications: (-); and (?) means I have not seen a copy of the relevant page).

1864: Die Sinnesdelirien...: C.J. A. Mittermaier

1865: Die Lehre von der mania transitoria: -

1867: Beiträge zur...: Chr. Fr. Roller

1868: Die transitorischen Störungen...: Heinrich Schüle

1871: Beobachtungen...: ?

1872: Grundzüge der Criminalpsychologie...: Franz v. Holtzendorff

1873: Die zweifelhaften Geisteszustände...: -

1874: Die Melancholie...: Carl Pelman

1875: Lehrbuch der gerichtlichen...: v. Holtzendorff/ Dr. Chatelain

1876: Gutachten...: ?

1879: Lehrbuch...: Carl Pelman/ Heinrich Schüle

" : Der Stand...: -

1884: Ueber Nervosität...: -

1885: Ueber gesunde und kranke Nerven: -

1886: Psychopathia sexualis...: -

1888: Eine experimentelle Studie...: - (2nd edition)

1890: Der klinische Unterricht...: -

" : Neue Forschungen...: -

1892: Ueber Gesittung: -

1893: Hypnotische Experimente: - (4th edition)

1894: Der Conträrsexuale...: -

" : Gutachten...: ?

1899: Zur Geschichte der Pest...: -

1902: Psychosis menstrualis...: -

<sup>16</sup> Examples of German literary references to the Psychopathia sexualis can be found in texts of the famous polemical author Karl Kraus or on a much more academic, but non-medical level in: Geschlecht und Charakter (1903) by Otto Weininger.

The English response is different and late for various reasons (see below); examples for English novels popularising Krafft-Ebing in that way would be The Well of Loneliness (1928) by Radclyffe Hall and The Group (1963) by Mary McCarthy. The latter novel contains the well-known passage in which a group of young women living in the 1930s, the period in which the novel is set, get their sex-education from reading Krafft-Ebing.

<sup>17</sup> Die Gartenlaube (2), 1903, p 4.

<sup>18</sup> This and the following according to Krafft-Ebing in his preface to the book.

<sup>19</sup> Krafft-Ebing obviously referred here to: Möbius (1882) Die Nervosität; and Eyselein (1883). Tisch für Nervenkranken.

<sup>20</sup> The Russian edition was based on the actual lecture of 1884 and appeared in 1885.

<sup>21</sup> This might however be an artefact. Perhaps those were the years during which a Russian reviewer was available.



22 Both these important French psychiatrists knew already Mittermaier personally.

23 Krafft-Ebing (1873) *Bericht über die Leistungen...* p 208.

24 Ibid. p 207: "Legal practice and legislation are here <in England> in glaring opposition to the progress of science, who is fighting a hopeless battle with the prejudices of the masses and who is hindered in her high endeavour - if not rendered ridiculous - by the banal tautologies of 'common sense'. Certainly there is no other civilised country in which legislation and legal practice concerning the question of legal responsibility are on such an antiquated level as in England; not a single year passes without the most deplorable legal murders of mentally ill people. Of course, the principle of retaliation is still fully endorsed <in England>."

25 Ibid. p 194: <speaking of the case of one Louis Bordier, reported in the Journal of mental science in 1868 and who Krafft-Ebing and others saw as a victim of the law> "The case deserves attention mainly because it proves on what a bad level the forensic expertise of doubtful mental states remains in England, where the calling-in of experts is completely arbitrary, usually not happening at all, and where any quack can be quoted as an expert." Krafft-Ebing added that in the case of Bordier important English psychiatrists such as Laycock, Wood, Harrington and Tuke, had all been of the opinion that the patient was mentally deranged.

26 Figures do not add up because of overlapping categories.

27 For a relevant example see Schauenstein (1862, re-edited 1875), which contains also a chapter on sexual criminal deeds. Schauenstein was a professor of legal medicine at Graz. Another important textbook is the one by Casper.

28 Beiträge zur Erkennung... (1872) and Die zweifelhaften Geisteszustände... (1873), see appendix. These two monographs were the precursors to the forensic textbook (1875).

29 See Hare (1962).

30 References in appendix.

31 Unlike lectures held at meetings of societies, these university lectures have been included in the appendix, because they were written by Krafft-Ebing himself, i.e. they are both published papers and lectures. By contrast, the speeches at meetings are usually authorised protocols written by someone else.

32 See chapter 8.

33 Krafft-Ebing (1879) Der Stand der Irrenpflege in Steiermark. Ein Nothstand. Also quoted in chapter 2.

34 See Krafft-Ebing (1899) Arbeiten 4, p 23; Berrios (1985) p 168 mentions rightly that Krafft-Ebing coined the term.

35 That text, a first outline of psychiatric problems related to criminal law, was later put together with its equivalent on psychological conditions relating to civil law (Die zweifelhaften Geisteszustände vor dem Civilrichter..., 1873); the two books together formed the basis to Krafft-Ebing's forensic textbook of 1875 (see for this point Krafft-Ebing's introduction to his Lehrbuch der gerichtlichen Psychopathologie... (1875)p. V).

36 See appendix, both under the years 1899-1902 and under Arbeiten... vols 1 and 2.

37 In spite of positive reviews in the English press (for example the one in the Journal of Mental Science in 1888/89, (34) p 270; see also my footnote below) Krafft-Ebing's general textbook of 1879/80 was translated into English only in 1904.

38 From the second edition the title had a second addition:  
Psychopathia sexualis mit besonderer Berücksichtigung der  
conträren Sexualempfindung; eine klinisch-forensische Studie.

39 The anonymous reviewer for the Journal of Mental Science 1888/89 (34) p 270, commenting on Krafft-Ebing's textbook of 1879/1880 (in its 3rd German ed.), mentioned the Psychopathia sexualis, obviously quite reluctantly and merely in a side remark: "Professor Krafft-Ebing is the author of an important memoir published two years ago, to which we have too long deferred a reference. Its title is "Psychopathia Sexualis: eine Klinisch-forensische Studie". <sic> The manner in which the subject is treated is marked by the careful observation and important commentaries which characterize all the writings of this able and industrious mental physician."

40 Neurologisches Centralblatt (Feb. 1887) p 96 - the reviewer is abbreviated as M. and is most likely to be Eduard Mendel.

41 My list here may be incomplete since it is based on the Italian national bibliography which starts only in 1886.

42 The forensic textbook (1875) was also translated into Italian but only in 1897, apparently from the 3rd German edition of 1892.

43 As early as 1868 in his career Krafft-Ebing had written a review on a medico-legal monograph by Lombroso (see appendix and also chapter 6). Krafft-Ebing, who in particular used some of Lombroso's sexual-pathological cases, was indebted to the Italian school of anthropology. He saw Lombroso's later craniometric studies however as exaggerated and unfruitful.

44 So far I have not been able to establish what this French text is a translation of. It is listed as La responsabilité criminelle ... under 1875 in my appendix, but it could also be a compilation which integrates the Beiträge zur Erkennung... (1867).

45 I have at least so far found no German equivalent to the two articles listed under 1868 and 1900.

46 One piece of at least anecdotal significance is that Krafft-Ebing corresponded with one Dr Laufener (from the hospital in Pest) and another Hungarian, Dr Bolyo, over the patient Ilma in 1888; see Krafft-Ebing (1888) Hypnotische Experimente.

47 The Hungarian translations I have found are those quoted in the national bibliography of Hungary (Petrik Magyar Könyvészet) which starts in 1876, as well as one entry in the NUC-catalogue. Eric Freeman, Wellcome Institute, and Peter Sherwood, lecturer in Hungarian at the University of London, have kindly helped me with the translation (and hopefully now correct spelling) of the titles. However, since so many of Krafft-Ebing's works have been translated into Hungarian, I assume that several of his articles also must have been translated. It is beyond my abilities to check this up.

It also appears that the translation of Krafft-Ebing's general textbook of 1883 is the second Hungarian translation (but only of the second vol.) but I have not found a first Hungarian edition.

48 Put chronologically:

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1876: Grundzüge der Criminalpsychologie... (1872).

1883 2nd edition of the textbook of general psychiatry, 1879/80 .

1885 Gesunde und kranke Nerven (1885).

1886 forensic textbook of 1875 (a second Hungarian transl. 1891).

1894/1908/1926 different editions of the Psychopathia sexualis (1886).

<sup>49</sup> The date is uncertain because I have not found a reference to the book itself, but only to a separate preface to the Russian edition written by Krafft-Ebing in 1889; see appendix under 1888 and 1889. The other two titles are quoted after the NUC-catalogue. There is no Russian national bibliography before 1911.

<sup>50</sup> According to the Spanish national bibliography, vol I. The first volume of this national bibliography refers to the years 1901-1930. Earlier Spanish translations may well exist and would have to be looked for in Spain.

<sup>51</sup> The national bibliography of Sweden starts in 1830 and these 2 books are the only entries.

<sup>52</sup> Krafft-Ebing (1889) *Die Entwicklung und Bedeutung...* p 817; for Wagner-Jauregg's judgement see: Wagner-Jauregg (1908) p 2309.

For over 25 years Krafft-Ebing published his ideas on human sexual behaviour. From his first important paper of 1877 to his last two theoretical contributions in 1901, his views changed significantly. His original motivation, I suggest, was a forensic one and this goes a long way to explaining the nature of his classificatory model. This changed in later years to a more psychological and clinical understanding. The first part of this chapter will examine the legal aspect of Krafft-Ebing's work on homosexuality. The second part will look into the shift away from that forensically useful model of human sexuality towards a broader and more psychological one.

When Krafft-Ebing started to take an interest in the sexual life of some of his patients in the 1870s, various modes of sexual behaviour were seen as signs or causes of already established disease rather than as disease categories proper.<sup>1</sup> This medicalisation of sexuality was a step by step process: well-known examples of behaviour patterns which became diseases in their own right were nymphomania or homosexuality (contrary sexual feeling as it was called at the time).<sup>2</sup> As the title of his paper of 1877 makes clear, Krafft-Ebing at first understood such "anomalies of the sexual drive as a functional sign of degeneration". Subsequently cases were collected, a refined disease classification with various sub-types was drawn up, typicalities of the course of the illness described and therapeutic suggestions made - that is, the behaviour acquired the identity of a fully-fledged disease. Although Krafft-Ebing was not the first nor only one to get this process under way, he was certainly its main promoter.

His work covered a wide range of sexual behaviour, but one of the key-issues was homosexuality. Legal issues of homosexuality remained one of the central points in Krafft-Ebing's work until the mid-1890s (and will be analysed as the prime example). This was so against the background of ardent debate on the legislation for homosexuality during the late 1880s and 1890s; in Germany this was regulated by § 175 of the criminal code. At first Krafft-Ebing called for a different legal practice in court; above all he argued that medical-psychiatric experts were necessary to distinguish crime from disease. As for the § 175, he initially fully supported the legal status quo and thought it was a justified necessity. Around 1890 he changed his attitude and started to fight actively for the abolition of homosexual legislation, but stopped writing directly on § 175 from the mid-1890s. The main reason for this seems to be that he was replaced by others, above all by Magnus Hirschfeld, who had taken on the task of fighting for a change in legislation.

There were also personal reasons for Krafft-Ebing's move away from forensic questions. In autumn 1887 he had first had the opportunity to use a new therapeutic technique in his clinic in Graz - hypnotism. As it happened, Ilma, the young woman on whom Krafft-Ebing first practised his hypnotic skills, was sexually attracted to women, a feeling and behaviour Krafft-Ebing successfully influenced by hypnosis. For several years thereafter he used hypnotic therapy to influence homosexuality. This treatment of a particular sexual behaviour led to a deepening of his views on sexuality.<sup>3</sup>

He also made another fundamental change by broadening his project into a much more psychological programme. Most characteristic of this new psychological understanding of sexuality was the model of sadism and masochism, which he introduced into the medical literature in 1890 and understood as exaggerated male (sadistic) or exaggerated female (masochistic) behaviour. Not only were these new terms seen as extremes on a graded scale of health and illness (rather than the formerly categorical model) but they were also diagnosed on the grounds of inner feelings instead of the behaviour of the patient.

#### **The relevant legal background: the history of § 175 and § 129<sup>4</sup>**

This paragraph will deal with the infamous paragraph § 175 of the German criminal code of 1871, which regulated male homosexual relationships. Other European countries had paragraphs or laws comparable to the German § 175; for Austria that was § 129 of the Austrian criminal code of 27 May 1852. Krafft-Ebing commented on - and in the 1890s tried to influence - the wording of both § 175 and the Austrian § 129. Although we might expect him as an Austrian professor to be more concerned about the legislation of his own country, this was not so. There are several possible reasons for this, one of which is that he also acted as a forensic expert in Germany, thus getting directly involved with German legislation. § 175 was also the subject of a heated debate reaching well beyond legal circles, whereas § 129 was not; the latter can indeed be seen as but a variation of the German model and was therefore indirectly

included in the German discussion. Whatever the reason, the fact is that Krafft-Ebing was concerned about both paragraphs.

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Modern criminal-legal history of Germany (or rather the German states if speaking for the time before 1871) traditionally begins with the so-called CCC, (Codex Criminalis Carolinus; also "Carolina"), the law instituted by Karl V in 1532.<sup>5</sup> Although the CCC was far from constituting a unified approach to crime in the modern sense (it left a wide scope for the older regional laws), it nevertheless set down fundamental principles, which remained influential for centuries. The CCC first described more precisely those criminal actions which should be punished; without fully spelling this out, the CCC was based on the principle of culpability: it spoke of diminished responsibility (for example in minors or idiots) and made a distinction according to the intention of the actor (murder was punished differently from manslaughter). Punishment consisted mainly in the use of the full range of medieval torture and capital punishment; the goal of punishment (*Strafzweck*) was to render the culprit harmless, in retaliation and deterrence. The idea of reformation of the criminal was unknown.

The above keywords refer to crucial legal distinctions and issues solved differently in different centuries. During the 18th century German criminal law underwent a process of "humanisation": there was more stress on a) the proportionality of punishment to the committed crime and b) on punishing only those who possessed insight into their actions, i.e. who were legally responsible. The principal goal of punishment remained deterrence.<sup>6</sup> In terms of codification, it is important to realise that the German speaking

states were highly divergent. Laws and punishment were regulated regionally and legal practice was often very different from one town to the next.

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At the end of the 18th/ beginning of the 19th centuries there was a widespread movement to codify penal legislation - a movement above all influenced by Napoléon's *code pénal*. This led to a situation by the mid-nineteenth century in which several German states possessed a codified penal law (in German: *Strafgesetzbuch*, abbreviated StGB) whilst others used an older type of law, the *gemeines Recht*.<sup>7</sup> The most important states with a StGB were: Bavaria (1813); the kingdom of Württemberg (1839); the grandduchy of Hessen (1841); the kingdom of Hanover (1840); the grandduchy of Baden (1845); the kingdom of Prussia (1851) and the kingdom of Saxony (1855).<sup>8</sup> These penal codes were again highly divergent from each other; in particular the Bavarian solution, a creation of Anselm Feuerbach and heavily influenced by Napoléon's *code civil*, was the most liberal and modern German law and very remote from the Prussian code.

Within the wider political-historical context of German nationalism and the finally successful unification in 1871 - i.e. the foundation of the *Deutsches Reich* on 1 January 1871, - the German states agreed to unify their legal systems. On 15 May 1871 the new *Reichsstrafgesetzbuch*, (or from then on simply *Strafgesetzbuch* : StGB) was created.<sup>9</sup>

The StGB of 1871, valid for the whole of the German territory, was in some of its aspects a compromise between already existent codes,



in others it was the politically strong Prussia which won and determined the new paragraphs. The latter was the case for the § 175.<sup>10</sup>

Several of the early 19th century legal codes mentioned above did not punish homosexuality. These were in particular the codes of Bavaria, Württemberg, Baden and Hanover.<sup>11</sup> By contrast, the Prussian code did contain a § 143 dealing with homosexuality and this paragraph became the direct precursor of § 175.<sup>12</sup> The specific German flavour of this part of legal history is therefore that homosexuals in many parts of Germany, after decades under a liberal regime, were suddenly doing something illegal. This turn towards a much stricter legislation did not go unchallenged and both official and less official circles tried to change the course of events. The best-known official response at the time was a petition put forth in 1869 by leading Prussian doctors under the guidance of Rudolf Virchow (1821-1902) and Bernhard von Langenbeck (1810-1887).<sup>13</sup> It argued that the intended legislation was ignoring medical knowledge and that homosexuality should not be punished. Karl Heinrich Ulrichs, a homosexual lawyer of Hanover, took a different tack with a more extremist position. Publishing a series of legal pamphlets in the 1860s under the pseudonym Numa Numantius, he went as far as arguing that men-loving men (he used the term *Urning*) and women-loving women, were not ill, but simply a different category of people and that they should be given legal permission to marry.<sup>14</sup> Krafft-Ebing knew of Ulrichs and was certainly influenced by his work.<sup>15</sup>

Once born, § 175 remained unchanged for the next hundred years, in spite of numerous attempts to modify it. Homosexual legislation was only finally changed on 25 June 1969 (further amended as to the age limit in 1973).<sup>16</sup> The German § 175 addressed itself specifically to male homosexual relations, whereas the Austrian § 129 made no difference between homosexual men and women. § 175 read literally:

Unnatural sexual acts, committed between male individuals or between humans and animals, are to be punished by prison; offenders can also be punished by the withdrawal of their civil rights.<sup>17</sup>

But although the formulation remained identical, the interpretation by the judges - the actual use of the law - changed significantly over time and much hinges on the understanding of the term *widernatürliche Unzucht* (here translated as "unnatural sexual acts or unnatural sexual offence"). During the 1870s the § 175 was used to fight against what was called *Paederastie* in the German tradition (anal intercourse; sodomy in English).<sup>18</sup> This, it was later pointed out, was in keeping with the historical tradition preceeding the § 175: the Prussian StGB, when evolving out of the CCC, had left out women, addressing only men in its § 143, thus - it was put forth - interpreting "unnatural sexual act" as meaning sodomy.<sup>19</sup>

From the 1880's onwards, and for many decades to come, courts began to interpret the term *widernatürliche Unzucht* in § 175 differently, by further defining it as *beischlafähnliche Handlung* (an action resembling coitus). According to Hirschfeld, who polemically called this idea "a product of Germanic legal thinking" this new term, which was to make history, was first used in a judgement by the

Leipzig High Criminal Court (*Deutsches Reichsgericht in Leipzig*) on 23 April 1880.<sup>20</sup> German law thus expressly did not punish all homosexual actions - in particular it did not punish mutual masturbation between men - but German lawyers were increasingly occupied with trying to establish the exact nature of the acts that had taken place.

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Hirschfeld compiled an extensive table with an international comparison of laws regulating homosexuality at the time.<sup>21</sup> Comparing the three main traditions of France, England and Germany, this shows the following. France (and with her other Mediterranean or French speaking countries like Portugal, Italy, Belgium, Luxemburg) did not punish homosexual acts as such, but stated conditions regarding its publicity (*outrage à la pudeur*/code pénal of 1810, Art 330). England (and colonies or former colonies) made a very clear distinction between a) sodomy (including anal intercourse between heterosexual couples) and b) other sexually offensive acts (mutual masturbation). a) was regulated by the Offences against the Person Act of 1861, and punishable by life-imprisonment; b) was regulated by the Criminal Law Amendment Act of 1885, and punishable by imprisonment plus hard labour for up to 2 years.

A law similar to the German model was valid in Austria, the Scandinavian countries and some Swiss counties: variations existed in as far as women were sometimes also legally covered and, very importantly, the law did not primarily think of sodomy but also included mutual masturbation. (Both criteria were met by the

Austrian § 129). The punishment in Germany was 1 day to 5 years in prison.

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The French model was, of course, the most liberal. English and German law can less easily be compared: punishment was less severe in Germany and acts which were prosecuted in England were not illegal in Germany. The main difference was perhaps that in court the § 175 led to detailed intimate questions addressed to individuals who were then declared innocent, because they had not performed sodomy. By the time these men had been publicly labelled as homosexuals and had gone through a legal interrogation, they had practically undergone their punishment in the shape of bourgeois stigmatisation and a ruined life, although they were acting within the boundaries of the law. The English version, it was argued in German circles, was at least more consistent in punishing all homosexual activity - thus stigmatising and interrogating only those who were acting illegally. Also, we might add, the distinctions which needed to be drawn in German law probably led to even worse questions than those asked of Oscar Wilde and his fellow accused.<sup>22</sup>

Actual numbers of homosexual men interrogated in court and convicted, were in the range of a few hundred, that is only a small part of the community. Figures quoted for the whole of Germany were, for example: in 1882: 390 judged, of whom 329 convicted and punished; 1885: 480 judged, 391 punished; 1890: 496 judged, 418 punished; 1895: 605 judged, 484 punished; 1900: 655 judged, 535 punished.<sup>23</sup> It has been very plausibly argued that this fact is irrelevant and that the looming danger of § 175 damaged many

homosexuals regardless of whether legal prosecution and consequences took place or not.<sup>24</sup>

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As for § 129 of the Austrian criminal code, it has been briefly mentioned that this was one of the variations on the Germanic model. The paragraph was part of the Austrian StGB of 27 May 1852; it was abolished in 1971 and read literally:

The following kinds of sexual acts are punished as sexual offence:

I. sexual offence against nature, that is a) with animals; b) with individuals of the same sex.<sup>25</sup>

§ 129 thus included female homosexuality and punishment - with 1-5 years of *Kerker* (severe prison) - and was considerably more severe than in Germany with 1 day to 5 years of *Gefängnis*.<sup>26</sup> The paragraph was apparently interpreted in the 19th century as including mutual masturbation<sup>27</sup> (see for example Krafft-Ebing's comments below) but it has not been possible to find an overview history and no further details are known.<sup>28</sup> This is perhaps just a further indication that § 129 was not seen as historically independent of § 175. The fact is, there is also very little contemporary literature on the Austrian paragraph, in contrast to the German paragraph on which much has been written.<sup>29</sup>

### The context of degeneration

Krafft-Ebing wrote about the legal aspects of homosexuality between 1875 to 1895 in many articles, in his two textbooks of 1875 and 1879/80 and in the various editions of his Psychopathia sexualis. (The latter acquired the additional subtitle "with especial reference to contrary sexual instincts" from its second edition in 1887.)

Already in his first discussions of homosexual feelings in 1875 and 1877 Krafft-Ebing established a principal point: sexual perversion or deviance was a "frequent sign of degeneration".<sup>30</sup> The history of the degeneration concept is a chapter in its own right and need not be elaborated here.<sup>31</sup> The term goes back to the Frenchman Auguste Morel, who observed that mental illness seemed to get worse in some families from generation to generation. Originally embedded in a religious framework where the original sin, the fall of Adam from paradise, led subsequent generations to suffer as predicted in the Old Testament, the model soon integrated ideas of Darwinism. Degeneration became one of the most powerful explanatory models of mental illness in the later 19th century.

Krafft-Ebing followed Morel and Darwin and diagnosed as many as a third of his patients as having gone mad due to heredity.<sup>32</sup> It is important here to realise that degeneration was on the one hand a model to explain disease, and on the other hand it was used as a diagnostic label itself. As a diagnosis it meant a condition

characterised by a lack of moral functioning together with minor physical malformations such as asymmetries (right ear lobe bigger than the left one etc.), called stigmata. A degenerate individual characteristically had a tainted heredity, that is his ancestors had already suffered from conditions such as alcoholism and he/she was expected to pass on pathological traits to the coming generation in such a way that the family would go from bad to worse. A degenerate was not mentally ill as such; in particular there might not be any problem with his intelligence and ability to reason and the condition excluded mental symptoms such as hallucinations, paranoid convictions or deliria. By contrast, the disorder was considered to be related to moral functioning: patients lacked ethical values and showed a heightened intensity of drives together with an unwillingness (or inability) to control these drives.<sup>33</sup>

Degeneration carried an important forensic significance: it constituted an intriguing grey area of conditions between mental illnesses proper and healthy individuals. Medico-legal discussions of the time centred around the terms of free-will and legal responsibility. Only an individual who possessed free-will should be held legally responsible for his actions. Free will was synonymous with having a potential choice. This implied that the individual should be able to understand intellectually that there was a choice and also to have the ethical or moral abilities to act on his rational understanding. The latter point was particularly stressed by doctors such as Krafft-Ebing, who at the same time claimed that there existed disease that selectively damaged the moral faculties whilst leaving reason intact. The prototype of this illness was degeneration. Krafft-Ebing, as a forensic expert, drew the practical

conclusion that an increased involvement of psychiatric experts in court-trials was called for, since degeneration was not a diagnosis that could be made by a layman. Many degenerates looked like mentally healthy people and judges tended to punish their immoral and antisocial behaviour as criminal - an approach which Krafft-Ebing and others saw as misguided.

The fact that Krafft-Ebing singled out certain forms of sexual behaviour as a sign of degeneration - and in fact spelt out that this behaviour could be used to diagnose that forensically interesting condition - led to a heightened interest in sexual deviance. I believe that the intention to clarify legal problems constituted the driving force behind Krafft-Ebing's new interest in sexual behaviour.

#### The creation of disease categories

The first step towards defining certain kinds of sexual behaviour as illnesses consisted in establishing four major categories: lack of sexual drive, pathologically increased sexual drive, sexual drive occurring outside of the expected life period (in children or old people) and, lastly, a perversion of the sexual drive i.e. either a) a perverted kind of sexual satisfaction or b) contrary sexual feeling (that is the object was perverse). Within the category of contrary sexual feelings two groups were distinguished: those who had acquired the condition and those in whom it was inborn; the latter was more important and accounted for 2/3 of all patients.



Although Krafft-Ebing had drawn up these four categories already in 1877,<sup>34</sup> and did not change them substantially in his later work, there were nevertheless alterations made nine years later. In the Psychopathia sexualis he used, for example, latin labels for what had so far been expressed in German only. These were: anaesthesia, hyperaesthesia, paradoxy and perversion (synonymously used: paraesthesia). Although his categories were purely descriptive and did not claim to be anything else, this immediately made them look much more scientific.

The next stage on the way to creating sexual disease was systematically to collect case-histories. At the time (1877) the number of cases discussed in the medical literature was surprisingly small - only 14. Then Krafft-Ebing "by lucky coincidence", as he put it, came across 3 new cases of homosexuality, which he published in his paper of 1882.<sup>35</sup> The medical world literature was to grow more quickly over the following years: histories of 32 men and 5 women had been published by 1885 (of which 5 men and one woman were Krafft-Ebing's cases) and 180 men and 25 women by 1894.<sup>36</sup> The initially extremely small numbers were never taken as a reflection of reality. Krafft-Ebing certainly was aware of Plato's and other classical authors' description of the phenomenon; he also knew of Ulrichs, the Hanoverian lawyer who had published in the 1860s and who had already spoken of hundreds of fellow-sufferers. Krafft-Ebing believed that the main reason for the small numbers of published case histories was the legislation and the fear of punishment which prevented homosexuals from telling their doctors. Statements such as this encouraged some to send autobiographical letters to him

and he later turned this into an active programme of collecting and publishing such reports.<sup>37</sup>

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One of the three cases published in 1882 is interesting in this context, because it sheds light on an early, representative medical opinion, which was to change over the following years. The case was a Dr. phil. G. (i.e. a graduate from a philosophical faculty) and either a German or an Austrian, who lived in Italy mainly because legislation in Italy allowed him to practice his homosexuality freely. Arrested for homosexual activity on a journey through Graz, G. was transferred to the Graz clinic for a psychiatric assessment, where he criticised German and Austrian legislation pointing out that "people like himself were not at all objected to in Mediterranean countries". The patient expressed his opinion that Plato, who "was a *Urning* ... surely was no swine", and put forth that it was heterosexual intercourse, which was abnormal and which he described as "pushing around with one's penis in somebody else's abdomen".<sup>38</sup> Krafft-Ebing was shocked by such outrageous language, and the very mixture of G.'s academic status with his socially unacceptable way of expressing himself, played a major role in this. He arrived at the conclusion that the man was mentally deranged, basing his diagnosis on G.'s "incredible cynicism", as well as his fundamental social criticism. G.'s crucial point about the difference in legislation in various countries was repeated as an argument by Krafft-Ebing a few years later.

In the same article of 1882 Krafft-Ebing directly commented on the use of the legal regulation (i.e. on § 175) in punishing both sodomy and other sexual acts. He made a clear distinction between the two: whilst sodomy was "a detestable vice" and "the moral feeling of the people (*das Gefühl des Volkes*) rightly objected to it", the other and more frequent types of sexual acts (notably mutual masturbation) were "against nature but pathological" (i.e. not a vice but a disease).<sup>39</sup> Krafft-Ebing also briefly mentioned and criticised Ulrichs' claim to abandon legislation of "*Urnings'* love", seen by him as physiological and his idea to permit legal marriage. He then put forth his own conviction that legislation - with already shorter punishment - was becoming more liberal, and that it was expected that the law would soon punish sodomy exclusively.<sup>40</sup>

This line of argument, namely that § 175<sup>41</sup> should not be changed because certain cases were indeed committed out of vice, was continued in his article of 1885. His main emphasis was however on the claim that scientific knowledge had proven the pathological base in some cases: such individuals showed other signs of illness; they were "tainted individuals" or degenerates. His practical conclusion was that judges should ask for a careful medico-forensic expertise in all such cases. In the case of mutual masturbation instead of sodomy, the judge should take into consideration that the homosexual had a particularly strong sexual drive, in fact, if he did not enact his sexual needs he would become neurasthenic, unlike the healthy individual who was not damaged by abstinence. (Krafft-

Ebing wrote on that topic separately, too, in 1888). This last comment amounts to a call for leniency in legal judgments.

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In the context of the wider background of the legal debates surrounding the § 175, it appears that Krafft-Ebing was probably well informed but reading the signs of the time in a slightly naive way. The truth was that although legal practice was becoming more lenient in terms of the severity of punishment, on a more fundamental level the law was tightening up. In particular, sexual acts other than sodomy were punished after 1880.

But if Krafft-Ebing was optimistic during the late 1880s that legislation was on its way towards tolerance, he took up a more political position a few years later. During the early 1890s he actively fought for a change in homosexual legislation on different occasions. It is certainly no coincidence that this happened at a time when he also became more interested in a psychological understanding of human sexuality. Both may be seen as direct results of his experiences with his patients over the previous few years.

Krafft-Ebing, I believe, must have felt like a man who opened up a can and the worms which came out of it looked shockingly different from what he had expected. In his articles of 1882 and 1885 he had encouraged homosexuals to "come out" and contact him. According to his own model he had expected them to be degenerates. The almost exclusively male case histories he collected over the following years either by direct contact or through letters, were of those of the higher ranks of society: some were merchants, some

were wealthy aristocrats and many were doctors. The latter group in particular sent detailed physical descriptions of themselves, which indicated plausibly that they enjoyed perfect health and that they were physically indistinguishable from their fellow-men (no stigmata for example). The letters vividly demonstrated a considerable degree of subjective suffering. Written by educated men they were highly literary, at times flowery, full of learned references and philosophical speculations. They mostly spoke of the wish of being different, of being able to marry and have children, of the lost battles against homosexual drives. They also spoke of the fear of being found out, falling victim to blackmail and losing their social status.

Krafft-Ebing was touched by the stories he read and from 1890 onwards spoke of homosexuals as "highly unhappy fellow-men, the real step-children of nature" calling it his "goal to improve their lot".<sup>42</sup> This he attempted to do by publishing cases and autobiographical accounts without any additional comment - and perhaps just because of this dry factual presentation making a powerful statement. The longest and most detailed, but otherwise typical case amongst 12 newly published cases, was the novel-like autobiography of a 48 year old doctor.<sup>43</sup> This report, printed verbatim, covers 13 pages in small print, which was a rather unusual length for a single-case study at the time. It presented all possible aspects of the sex life of this man, who had always experienced himself as a woman: he was, for example, unable to wear rough clothes because his skin was particularly sensitive (this was seen as characteristic by the patient as well as by Krafft-Ebing). Leading an outwardly unsuspecting life - he married and had several children with his wife - he nevertheless felt inwardly

dissatisfied with his sexual experience and would always have preferred to be considered as a female. Then, around the age of 45, he underwent a kind of conversion experience and, after a hot bath one day, suddenly experienced himself physically and psychologically as a woman. His letter ended with a plea that women should be allowed to study medicine because they showed more intuition than men - an experience to which he now had direct access. Krafft-Ebing's attitude to patients such as this was remarkably open-minded and he certainly accepted their stories at face value. This was apparently not self-understood and in fact he was criticised for being naive and letting himself be misled by dishonest patients.<sup>44</sup> He also encouraged them to keep in touch; the above patient, for example, wrote again three years later (an almost identical letter) and Krafft-Ebing still had contact with him in 1900.<sup>45</sup>

In 1891, Krafft-Ebing first stepped forward and put his name to an article attacking the § 175 without actually having written it himself: "Further to contrary sexual feeling; autobiography and criminal-legal comments about § 175 of the German criminal code by a contrary sexual".<sup>46</sup> A year later he wrote an epilogue to another, anonymous paper, explaining that it had been sent to him by a "well-known lawyer ... who, out of fear of being suspected of homosexuality himself, wished to remain anonymous".<sup>47</sup> As an epilogue Krafft-Ebing stated his own reasons for the abolition of the law, which are interesting for their broad spectrum. Pointing out that the deeds covered by the law were as a rule pathological ones, over which the individual had hardly any control, he made two pragmatic points: first, the distinction between perversion

(pathology) and perversity (vice) was only to be made after a careful medical exploration which in itself resulted in a stigmatisation of the individual. Second, the paragraph was encouraging a particular type of blackmail known at the time as "chantage".<sup>48</sup> But he also directly attacked legal practice and claimed that the "increasingly hair-splitting interpretations of §175" proved the insecurity of the profession.<sup>49</sup> Similarly he modified his preface to the Psychopathia sexualis, adding to the 8th edition of 1893 his hope that his book would contribute towards changing the law and abolishing "the errors and hardships of many centuries"

Thus Krafft-Ebing, during those years, effectively established himself as defendant of the rights of homosexuals, and he was regarded as such by the homosexual community at large. His main work on legal issues was a "programmatic pamphlet" published in 1894 (re-edited in 1895): Der Conträrsexuale vor dem Strafrichter. De sodomia ratione sexus punienda. De lege lata et de lege ferenda. Eine Denkschrift.<sup>50</sup> His stated motivation was to try to change the course of Austrian legal events, that is to stop the draft number 190 being made into § 129. Experiencing it as his "moral duty" to use his "decades of experience" Krafft-Ebing used his authority to divert the impending new formulation of the legal code in a more liberal direction.<sup>51</sup> Instead of the proposed § 129 he suggested a paragraph drawing up an age limit of 18 years, over which homosexual acts between consenting adults should not be covered by the law. (In essence he argued for what has been German law since 1971). By 1894, 5 different drafts had been drawn up, after considerable discussion both amongst lawyers (with the liberal faction opposing the draft) and amongst the medical

profession who were arguing for the abolition of the paragraph. This latter plea had been submitted by a commission of the Austrian ministry of health - however, the draft remained in essence unchanged and was indeed to go through only to be abolished in 1971.

Krafft-Ebing's opinion gradually liberalised from the time when he backed up the legal status quo and asked for a punishment of sodomy, through his theoretically justifying the paragraph but emphasising the practical damage to his final theoretical and practical refutation of the law. The monograph is a combination of his considerable clinical experience and undoubted expertise - by now the number of scientific cases had grown to 180 men and 25 women - with legal argumentation.

As for the medical reasons why § 129 should not exist, much was simply a repeat of claims made earlier, but Krafft-Ebing skilfully put new stress on some points. The main tenet remained that homosexuality was a disease and not a sin and should therefore not be punished. (For Krafft-Ebing's legal argument it was important that this was so, since diseases could lead to diminished responsibility. Interestingly he was to take back this claim in 1901 in his last article on the subject written for Hirschfeld's journal).<sup>52</sup> He maintained his central point that homosexuals were degenerates, but now spoke of "dégénérés supérieurs" (a term again already used by Morel, but now newly introduced into this discussion by Krafft-Ebing).<sup>53</sup> The homosexual condition, he said, was "often found in the best and most gifted". The obligatory historical introductions to earlier texts (such as the Psychopathia sexualis)



had quoted the decline of Rome and Greece as warning examples of the degeneration of a population, which was concurrent with an increase in homosexual activity. Krafft-Ebing now spelt out clearly that "homosexuality was not incompatible with the national greatness of a people" - this comment was obviously addressing a common fear and prejudice at a time when nationalism was highly fashionable.<sup>54</sup> In fact, he went as far as to suggest that, since "Eros inspires to great thoughts and deeds" and since "the source of ethical feeling is the same for both homosexuals and heterosexuals", homosexual love could have been at the bottom of Hella's greatness.<sup>55</sup> Characteristically he quoted Plato as an example of a homosexual in his later work (Plato was the prime example of Ulrichs, too). Attributing an equal ethical value to homosexual as to heterosexual love would have been unthinkable some years earlier. In the Psychopathia sexualis Krafft-Ebing had emphasised the importance of sexual attraction between heterosexual couples for an ethically valuable love. By contrast, the love between homosexual couples was, according to him, a caricature of true love.<sup>56</sup> Elevating homosexual love in this way signals - at its most fundamental - a shift away from the exclusive importance of marriage as an institution guaranteeing society's morality to the re-location of this morality into the individual.

There are a few more passages where Krafft-Ebing acted as a psychiatrist. For example he put forth an interesting psychological and medical argument to unveil what he saw as the absurdity and inconsistency especially of the German § 175, which only punished a particular act.

If something has to be punished at all in homosexual acts, it should be the achieved or attempted sexual satisfaction in contact with the body of an individual of the same sex. ... how this is achieved .... depends on the physical conditions of the culprit. Due to the irritable weakness of their genitals, many achieve sexual satisfaction by merely looking, touching, embracing or kissing. Others need "coitus-like" actions.<sup>57</sup>

In other words, he here focused away from the actual sexual behaviour to something more abstract and psychological.

But apart from making the most of his medical expertise, Krafft-Ebing also showed a striking skill in purely legal arguments. For example, he attacked jurisprudence for drawing up § 175 at all, since this meant "overstepping her natural boundaries ... and aspiring to serve individual morality <instead of sticking to social ethics>".<sup>58</sup> Further, the interpretation of the paragraph as speaking of "coitus-like acts" was "in contradiction to the whole history of penal law regarding unnatural sexual acts".<sup>59</sup> Such views were backed up with multiple references to legal textbooks, legal articles in specialist journals as well as individual court decisions.<sup>60</sup> He also gave a brief summary of the legislation in other countries, thus using a comparative legal type of argument.<sup>61</sup>

On another point Krafft-Ebing proved his familiarity with the continuing fundamental discussions within legal circles. Most German legal codes of the 19th century saw the goal of punishment as a combination of retaliation and a principle, drawn up by the great Anselm Feuerbach, known as "general-preventative" (*generalpräventiv*). Feuerbach argued that the goal of all punishment was to avoid the occurrence of new criminal acts. If punishment was known, this would exert a "psychological coercion"

(*psychologischer Zwang*): the potential criminal had the choice of abstaining from his action out of fear. One logical conclusion of this view was, that it was necessary to make punishment public, in practice to put it down in detailed and codified form.<sup>62</sup> In his monograph Krafft-Ebing alluded to the various theories of penal law (*Strafrechtstheorien*) currently in use, and questioned the goal of punishment (*Strafzweck*) with reference to § 175: should it be deterrence (*Abschreckung*) or retaliation (*Sühne*) or education (*Besserung*)?<sup>63</sup> None of these, he argued, was applicable: deterrence was not possible since the sexual drive was a strong natural drive and could not be given up by the homosexual, who would otherwise pay the price of neurasthenia.<sup>64</sup> Retaliation was not applicable because there was no question of sin, only of an abnormal nature. Education was not an option either since only vice could be improved by the law and not disease; the latter was the domain of the doctor and not the lawyer.

Lastly, when Krafft-Ebing put forth his own solution suggesting that only those adults who engaged in homosexual behaviour (including mutual masturbation) with minors (under the age of 18) should be punished, he did so again in a very legal way. He justified, for example, his choice of the cut-off age of 18 with legal reasons (At the time in Germany and Austria the age of 18 was due to become the age of consent granting full legal responsibility and rights).<sup>65</sup>

Now, there is no doubt that Krafft-Ebing had read broadly and was well versed in jurisprudence generally. Growing up in Heidelberg in the house of his grandfather Mittermaier had obviously done much

to give him a firm legal background. He had then moved on to use legal reasoning professionally for many years and certainly since the publication of his forensic textbook, the Lehrbuch der gerichtlichen Psychopathologie in 1875, he was amongst the leading forensic doctors of the German speaking world.

The 1894 monograph, however, was just a little too good as far as legal reasoning goes and I believe that he did not write it completely by himself, but rather had the help of a legal ghost-writer. This was most likely Eugen Wilhelm, a lawyer from Strasbourg. There are different reasons to speculate thus: apart from its high professional quality, the monograph is also not quite Krafft-Ebing's usual style - he would normally stick more to medical/psychiatric arguments. Further it is slightly puzzling that, although the monograph starts off as a response to an Austrian legal situation (various drafts to § 129 Austrian StGB), many arguments relate directly to the German §175. Certainly § 175 was the focus of a more general discussion than for the Austrian law, but had Krafft-Ebing written the paper himself, it would have been more logical to propose similar arguments for the Austrian example. Wilhelm in Strasbourg, on the other hand, had no reason for being familiar with Austrian law (since the intellectual influence as a rule went from Germany to Austria). Krafft-Ebing had often, moreover, used such a ghost-writer. On several occasions he lent his name to people who wished to remain unnamed, in particular to Hirschl, the man who performed the syphilitic inoculation on 9 paralytic patients - an experiment then presented by Krafft-Ebing at the Moscow international conference of medicine in 1897.<sup>66</sup>

We know for a fact that he had contact with Wilhelm, who wrote under the pseudonym of Numa Praetorius, but of whom little else is known. Hirschfeld mentioned that Krafft-Ebing "corresponded scientifically with Numa Praetorius" before introducing him to Hirschfeld's Berlin circles.<sup>67</sup> Subsequently Numa Praetorius became one of the more important collaborators on Hirschfeld's journal Jahrbuch für sexuelle Zwischenstufen.<sup>68</sup> Amongst others, he published an article in the first volume of that journal, which was very similar to Krafft-Ebing's earlier monograph; the latter was quoted positively.<sup>69</sup>

Krafft-Ebing's important monograph of 1894 really brings us to the end of his active interest in these legal questions. After the mid-1890s he seems to have been replaced in this respect by Magnus Hirschfeld, who was to turn into the central figure in the battle against § 175.

Hirschfeld, originally a general practitioner, had first been inspired to take up the homosexual cause by the world-famous English trial of Oscar Wilde. Wilde was sentenced to two years' prison for homosexual activity with Alfred Taylor on 25 April 1895.<sup>70</sup>

Hirschfeld published, together with Leo Berg, a poet, a protest against what he considered to be a legal injustice.<sup>71</sup> Another early publication appeared under the pseudonym Th. Ramien (Hirschfeld later acknowledged the work as his own, but he never publicly admitted to his own homosexuality): Sappho und Sokrates oder Wie erklärt sich die Liebe der Männer und Frauen zu Personen des eigenen Geschlechts?, Leipzig (Spohr) 1896. It claimed that homosexuality was nothing pathological but a healthy variant of the

norm, a view later expressed by the term "the third sex".<sup>72</sup> Hirschfeld was subsequently approached by his publisher Spohr, the lawyer Eduard Oberg and the poet Franz Josef von Bülow, who became the first members of a society, called the "committee", founded 15 May 1897.<sup>73</sup> This society was to exist in Germany until 1933 and inspired similar groupings in other countries (Austria 1906; Netherlands 1911; England 1913) which were however, much more short-lived. Under the guidance of Hirschfeld, they published a journal: Jahrbuch für sexuelle Zwischenstufen, which appeared from 1899-1923 in 23 volumes and addressed a wide variety of topics relating to homosexuality.<sup>74</sup>

The main goal of Hirschfeld's society was the attempt to change contemporary legislation, tackled by collecting signatures for a petition, which was first handed in to the *Reichstag* and *Bundestag* in December 1897. Briefly afterwards, in January, this petition received considerable publicity because the important politician Bebel defended it in a plenary session of the *Reichstag*.<sup>75</sup> It was also published in the first volume of the Jahrbuch für sexuelle Zwischenstufen in 1899.

The first six people to sign it were Arthur Leppmann (Medizinalrat in Berlin), Franz von Liszt (lawyer in Halle), August Bebel (socialist politician), Ernst von Wildebruch (poet), Albert Eulenburg (Berlin) - and Krafft-Ebing.<sup>76</sup> The petition was to be signed by many hundreds, amongst them the directly involved doctors Albert von Schrenck-Notzing and Iwan Bloch, but also such famous names as: Albert Einstein, Gerhard Hauptmann, Thomas Mann and Karl Jaspers.<sup>77</sup>

## Krafft-Ebing's psychological views

In 1890 (re-edited in 1891), Krafft-Ebing published an important monograph: Neue Forschungen auf dem Gebiet der Psychopathia sexualis, subsequently integrated into the Psychopathia sexualis.<sup>78</sup> This signalled an attempt at drawing up a true psychology of sexual life, thus a moving away from creating pathological categories for forensic purposes. The main characteristic of this novel enterprise was the introduction of the terms "sadism" and "masochism", and the broadening of the definition of fetishism. The significance of these terms was that they were not disease labels but rather described extremist expressions of normal attitudes.

In addition they focused on the internal, subjective experience of the individual as opposed to emphasising the objective, external behaviour and so shifted the whole scientific discussion away from an exercise in pathology to a psychological project. Putting this at its strongest: it is here, next to Krafft-Ebing's work on hypnotism, that we can see most clearly a move towards "modern psychology" with its pre-occupation with subjective experiences. This novel psychological understanding, however, was not seen as giving the cause of the problem.<sup>79</sup> The cause remained hereditary - the psychological explanation helped towards sympathising with the afflicted individual. This shift towards psychology resulted in a graded system of pathology rather than the former categorical model. Masochists, for example, were considered as being pathological if they were just a little bit more masochistic than

others, but many - especially women - were already considered somewhat masochistic.

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Characteristically Krafft-Ebing's psychological programme went together with a change in style, best observed in the different editions of the Psychopathia sexualis: whereas the cases in the first edition of 1886 were on the whole short and factual, later editions of the book contain more extensive analyses. Many of these, but especially the explicit autobiographical accounts, read like novels. Both these letters and Krafft-Ebing's connecting texts also increasingly added literary references, quoting works from antiquity to novels by Zola and Sacher-Masoch. In addition there were almost journalistic descriptions of events such as the regular ball, "the Woman-haters' ball", held by homosexuals in Berlin.<sup>80</sup> This certainly made for "spicy" reading for some, and in reaction to this Krafft-Ebing increasingly used Latin passages to obscure the most obscene details of the text. (A strategy which did not work at all).

So what made Krafft-Ebing broaden his enterprise ? There are several possible answers to this question, but perhaps it was above all the sheer experience of having collected many cases and keeping an open mind. His encouragement of homosexuals to share their stories with him had by that time led to a veritable flood of letters. Reading these accounts, Krafft-Ebing was not only struck by the degree of subjective suffering (a point he spelt out repeatedly), but also, and not unrelatedly, he noted the closeness of the experiences to those of "normal people". Confronted with these complex inner worlds he could not help seeing the parallels with general human issues. This, of course, was furthered by the many



literary quotes brought to his knowledge by his well-educated correspondents.

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He broadened his sexual classification by introducing the two terms masochism and sadism four years after the publication of the Psychopathia sexualis.<sup>81</sup> Masochism (rather than its counterpart sadism) was clinically more important and accordingly was given more attention.

## Masochism

Krafft-Ebing's starting point was the "fact" - described by him as "either an original fact or an inbred condition" - that the man normally plays the active, even aggressive and the woman the passive, defensive rôle in the relationship of the sexes. The conquest of the woman by the man was a "psychologically vital factor" which had undergone changes in history from "primitive times and peoples, who used brute force, rape and even the rendering unconscious of the woman by knocking her out with a club". Such practices, we learn, have today been replaced by civilised forms of courtship, seduction and ruse. This, Krafft-Ebing implied, was the norm, whilst it was:

undoubtedly pathological when the man seeks his sexual pleasure in a maltreatment by the woman and enjoys himself in the position of the conquered instead of the victor.<sup>82</sup>

Women and men were not measured by the same yard-stick, rather behaviour which would undoubtedly be labelled masochistic in a man, was seen as normal when displayed by a woman:

The voluntary subordination of woman under the other sex is a physiological phenomenon. Due to her passive role in procreation and to traditional social conditions, a woman necessarily associates sexual relationships as such with the image of subordination. This image constitutes, as it were, the overtone, which characterises the timbre of female emotions.<sup>83</sup>

Depending on the man involved, this nature-given female inclination may vary, but the woman always enjoys her role:

The barbarian lets the woman overwork; the philistine gets her to fill his pipe. This she does not do under compulsion, but with joy.<sup>84</sup>

Krafft-Ebing added that women, in fact, needed their very status in society for their happiness, especially in some regions:

Incidentally many young women like nothing better than to go down on their knees in front of their husbands or lovers. It is said that lower class women in all Slav peoples are unhappy when they do not get beaten up by their husbands.

A Hungarian informant tells me that the peasant women of the county of Somogy do not believe themselves to be loved by their husbands, until they have received the first slap in the face as a token of love.<sup>85</sup>

The wish of a man to be conquered by the woman or, in the case of a woman, to exaggerate the natural imbalance of power, was called masochism. This term, coined after the contemporary Austrian novelist Sacher-Masoch,<sup>86</sup> was introduced into the medical literature by Krafft-Ebing, but it was not his personal invention. The label "masochism" had been suggested to him by an anonymous man in Berlin, who wrote him a long autobiographical letter and subsequently became his main informant on this condition.<sup>87</sup> This man had found consolation in reading Rousseau and Sacher-

Masoch.<sup>88</sup> Whilst Krafft-Ebing almost certainly knew of Rousseau's sexual inclinations - Julius Möbius had published a psychological analysis of Rousseau in 1889<sup>89</sup> - he may not have been familiar with Sacher-Masoch's novels prior to receiving this letter. The most famous of these was Die Venus im Pelz (Venus in furs), a transparently autobiographical story of a male hero who demands of his lover that she dresses up in fur and flogs him.

The Berlin letter was full of references to what its author (who had so strongly resonated with Sacher-Masoch's literary descriptions) experienced as an unhealthy fantasy life: as a youngster he would spend hours fantasising prison scenes in which he was tortured by mighty women. He would imagine scenes of kneeling down in front of an ideal mistress, chained in heavy chains, exposed to humiliations and tortures designed to amuse her. During the same years he developed a liking of velvet and fur and found it sexually exciting to touch these materials.<sup>90</sup> He claimed that the reason for his not achieving anything in life was his extensive fantasy life which blocked his actions, and indeed spoke of "orgies of fantasy".<sup>91</sup> After many years of solitary fantasies he took a first step towards a more real sex life:

... after I had partially conquered my fear of people and my inclination to dreaming about, a change occurred in my sexual thinking in as much as my interest now turned towards real people.<sup>92</sup>

This was followed a few years later by a brave but unsuccessful attempt to act out his masochistic fantasies in practice by instructing a prostitute:

I finally conquered my last inhibitions and one day, in order to realise my dreams, I let myself be flagellated by a prostitute. The effect was a great disappointment. What happened with me here was to my taste coarse, repulsive and ridiculous at the same time. The flogging caused me nothing but pain, the rest of the situation disgusted and humiliated me. In spite of this I mechanically forced an ejaculation by using my fantasy to alter the real situation into the one I desired. This, the truly desired situation, was essentially different from the actual one in that I imagined a woman who would afflict the maltreatment upon me with the same lust as I wanted to receive it.<sup>93</sup>

This differentiation between behaviour and imagination, or between the physical and the psychological aspect of sexual life, became vital for Krafft-Ebing.<sup>94</sup> Other diagnostic labels within his sexual psychopathology were traditionally defined by objective behaviour: either the object or the act performed was abnormal. Now for the first time Krafft-Ebing used a much more psychological model and what counted was the psychological attitude behind the objective behaviour. Krafft-Ebing's informant experienced the (subjectively) wrong kind of ejaculation in the arms of that prostitute, because she did not inflict the flogging on him with the right mental motivation. Her actual sexual behaviour, we may assume, was exactly according to his instructions, but he saw her as failing him on a psychological level.

This essential distinction, first defined by the Berlin informant and merely quoted as such by Krafft-Ebing, was subsequently expressed in different places all through his work. It served, amongst other purposes, to defend the terminology chosen in 1890. In 1892 Krafft-Ebing heard of a lawyer from Mitau, Kurland, who had invented the broader term "passivism", a term which included what Krafft-Ebing described as "sexual dependence" and which he still

saw as a physiological phenomenon.<sup>95</sup> Another term in contemporary use was *Algolagnie*, which Albert von Schrenck-Notzing and Albrecht von Eulenburg tried to promote and on which Krafft-Ebing commented critically in 1895.<sup>96</sup> *Algolagnie*, derived from the Greek word for pain, missed the point according to Krafft-Ebing, because it was not straightforward physical pain that the masochist was seeking. The important factor was the individual's mental image of being conquered by another person. This image often completely replaced sexual intercourse in which there might not be any interest at all. If pain was the desired goal, Krafft-Ebing spoke of flagellation, which was used as a therapy of failing sexual potency, as a means of enabling intercourse. (Although flagellation was not the official treatment for impotence, it was a widespread practice in brothels at the time.<sup>97</sup>)

Apart from these attempts to clarify and defend his terms, Krafft-Ebing increasingly used the same type of psychological argument in various contexts. For example, expressions like "psychologically dissatisfied" or "psychological orgy" (by which was meant indulgence in sexual fantasies and which was distinguished from masturbation) recurred.<sup>98</sup>

One case in an article on the lack of sexual feelings - "On inborn sexual anaesthesia"<sup>99</sup> - represents another excellent example for the broad and psychological definition of sexual feelings that he used in his later works. A 29-year old merchant consulted Krafft-Ebing about his abnormal sexual life before getting married for social reasons. He reported that after masturbating from the age of 17 to 19, he had become neurasthenic, and therefore had started to

replace the health-damaging masturbation by regular visits to brothels. His potency was always fine and he experienced "an agreeable feeling". However, he was highly worried because he

never had any emotion <*seelische Empfindung*> during the act and directed towards the woman, whom he experienced as lifeless and as "a piece of wood".<sup>100</sup>

The patient was further concerned about his lack of interest in nude women and his general dullness with them, especially given that he had "full interests in the arts". Neither did he hate women - he simply saw them as "instruments for his coarser sensual needs" and did not understand the infatuation or jealousy of other men.<sup>101</sup>

By diagnosing this man as suffering from sexual anaesthesia Krafft-Ebing once more defined healthy sexual functioning as something more than a physical ability to have intercourse.

This shift towards psychology was but part of a wider development within the field of the sexual sciences. Sex had moved from the physical body into the soul and was no longer located in the genitals, but rather in the brain. Krafft-Ebing was familiar with the anatomical and physiological work of his day.<sup>102</sup> The clearest explanation of these ideas can be found in an article on the sexual functioning of women published in 1894. Here he subscribed fully to the thesis that the sexual centre in the brain was as important as the sexual organs of the body.<sup>103</sup> This led to conclusions about both pathological and normal female sexual functioning. For example, hysteria, according to Krafft-Ebing, was never due to mere physical disorder or simple abstinence; rather it always took a "psychological factor" such as a "physically and psychologically unsatisfactory

coitus".<sup>104</sup> As for the ideal sexual harmony between a couple, Krafft-Ebing, speaking from a male point of view, argued that the sexual satisfaction of the wife was very important for the pleasure of the husband. Again he made a clear distinction between the physiological and the psychological aspect of (male) sexuality:

<Intercourse> is for the husband not only a spinal reflex, but a complicated psychocerebral act. If this was not the case, coitus for a man would be merely a masturbatory act in the body of a woman ... The ancient cynical remark *sublata lucerna nullum discrimen inter foeminas* <remove the light and there is no discriminating between women<sup>105</sup>> is only justified in as far as an animalistic man can experience lust with any woman in whose vagina he manages to ejaculate. That this constitutes only one part of a man's sexual pleasure is proven by so many husbands' confidential complaints to the doctor of the frigidity of their wives.<sup>106</sup>

In 1892 Krafft-Ebing published a psychological essay which went further in its attempts at explaining human nature and sexual attraction than any other of his work: *Bemerkungen über "geschlechtliche Hörigkeit" und Masochismus* (Comments on "sexual dependence" and masochism). The article was inspired by a lawyer from Mitau, Kurland, and heavily indebted to an anonymous correspondent of Krafft-Ebing's from Berlin, who was most probably the same one who had directly influenced him in coining the term masochism.<sup>107</sup> Its goal was to distinguish the clearly pathological masochism, as defined two years earlier, from "sexual dependence" or "bondage" (*geschlechtliche Hörigkeit*). The latter was seen as a phenomenon located in a grey area between the normal and the pathological, but ultimately still within the boundaries of physiology since:

the balance ... between the intense sexual drive ... and the minimal will-power ... is different in degree and not in quality as is the case in masochism.<sup>108</sup>

Sexual dependence was not perverted, but on the extreme side of normality. The motive behind acts committed by the enslaved partner, Krafft-Ebing said, was exclusively the possession of the beloved person - there was no independent, pathological reason. Sexual dependence only occurred after the love for a particular individual had been awoken. By contrast, the decisively pathological masochist longed for submission before having met any particular object of love. As he put it:

the motive behind the actions and sufferings of the enslaved partner is here the charm of the tyranny as such. ... <these acts> are not a means to an end, but the end itself.<sup>109</sup>

Masochism is, however, connected with sexual dependence in that it can develop from the latter. Thus acts of tyranny can become the goal of desire for an enslaved person, as he continuously associates the tyranny with the beloved. Literary examples of sexual dependence (and not masochism!) are, according to Krafft-Ebing: *Manon Lescaut* by Prévost, *The Gambler* by Dostoevsky, *Leone Leoni* by Georges Sand and "*Käthchen von Heilbronn*" by Heinrich von Kleist. All these examples had been labelled differently by other authors and Krafft-Ebing himself, in an earlier work, had interestingly called Kleist's heroine "the most notable example of female masochism in the novel-literature".<sup>110</sup>

A certain amount of dependence, on the other hand, was necessary in sexual relationships in order to strengthen the bond. The typical shape of this dependence, created by law and morality and changing over time, is vital in addressing the question of levels of dependence in individual relationships. As Krafft-Ebing put it:



Morals and customs prescribe gifts to the beloved woman, but the man who has fallen into unusual dependence, lavishes his whole fortune to the last penny upon her. Law prescribes that woman should help her husband by working in the household, but the dependent wife overworks to keep a do-nothing of a husband.<sup>111</sup>

Although there are many examples of sexual dependence in men, he continued, many more women than men become dependent.

The reason for this is simply that:

Love is for a man almost always only an episode next to which he has many and important interests, whilst for a woman it is the main object of her life.<sup>112</sup>

If such sentences implied a natural difference between man and woman, Krafft-Ebing also showed a clear awareness of the legal and social double standard:<sup>113</sup> "the man who is ruled by his sexuality can find satisfaction everywhere" (an obvious allusion to prostitution) whilst the woman is "tied to one man, if she has one at all" - especially if she belongs to the higher levels of society.<sup>114</sup> In addition, law and customs between man and woman are far from being equal and in themselves contain a predominant dependence of woman. Therefore:

... there are the ever increasing insatiable demands of men, who are determined to profit from their advantage and who turn the exploitation of the limitless female ability to make sacrifices into an industry.<sup>115</sup>

Krafft-Ebing states that sexual dependence was of high criminal importance because many crimes had been committed in order to possess a partner sexually. He then carried on to make further gender conscious remarks: Men in their short-sightedness, he said,

have summed up this truth in the sentence "cherchez la femme", as they have also created the myth of Eve who gave Adam the apple, but:

If the history of mankind is, in fact, the history of one sex only, it is indeed woman who is the temptress. But if woman's actions and sufferings are weighed, the myth is reversed and it is Adam who gives Eve the apple. "Cherchez l'homme" is more frequently justified than "cherchez la femme".<sup>116</sup>

In one sense Krafft-Ebing was offering a feminist argument here. This is in keeping with other similar remarks spread out in his work: for example, in the first chapter of his Psychopathia sexualis he accused Islamic religion of giving women a distinctly unequal status. His views were, however, of the kind that lastly confirmed women's inferior status in society by arguing that the biological difference should lead to a different legal treatment of women. Such reasoning can be found in different passages of his work when he claimed at the same time that female infidelity deserved tougher punishment than its male counterpart, a claim based on fundamental assumptions such as that woman was by nature monogamous, whereas man was polygamous, and that a "mentally normal and well educated woman had a minimal sensual desire".<sup>117</sup> A similar argument was put forth at its strongest in Krafft-Ebing's very last monograph: "Psychosis menstrualis. A clinico-forensic study" (Psychosis menstrualis. Eine klinisch-forensische Studie, 1902), in which once more special laws applied to women - in this case menstruating women - who were seen as not fully responsible for their deeds, since suffering from a kind of periodical madness.<sup>118</sup>

In this text Krafft-Ebing first stated that legal punishment should be reduced if a sexually enslaved person had been motivated by the partner to commit a crime. Given that sexual dependence was more frequent in women, and given further that it was difficult to assess in court, Krafft-Ebing went as far as arguing for separate measures for the two sexes:

One could well consider that the criminal codes dealing with incited crimes, should include as a mitigating factor the female sex. This would be similar to the mitigation on the grounds of youth, which is regulated by § 57 in the German code for the age up to 18, and in the Austrian code by § 46a up to the age of 20. It is an injustice to treat one sex as inferior in civil law (marital law) and to treat it as equally responsible in criminal law.<sup>119</sup>

Masochism was an important cultural phenomenon and, according to Krafft-Ebing, on the increase. As proof for this claim he quoted advertisements in newspapers, such as the following:

Educated ladies who love the works of Sacher-Masoch are asked to answer this advertisement. Answers labelled J.F. will be conveyed by Rudolf Mosse, Berlin SW.<sup>120</sup>

His choice of name for the condition was clearly becoming fashionable and was a source of pride - he also said in an aside, that some of Sacher-Masoch's fans had objected to the use of his name in this context.<sup>121</sup> Through his patients he also learned of the wide-spread knowledge about masochistic techniques amongst prostitutes and of the equipment, such as whips, that was available in brothels.<sup>122</sup> Another, equally significant sign were "the traces of masochism in the modern novel-literature, which might well be worth following up".<sup>123</sup> Novels quoted by Krafft-Ebing (some of which he took directly from letters of his patients) included the

several novels by Sacher-Masoch and his wife: Balduin Groller's "Gräfin Aranka", Zola's "Für eine Liebesnacht", Richepin's "La Glu",<sup>124</sup> J.P. Jacobsen's "Niels Lyne", and the two volumes of collected lyrical work of Johannes Wedde (edited posthumously in 1894).<sup>125</sup> The editor of Wedde's texts said in his introduction that he wanted to give back the power to the eternally feminine element, which had been eliminated by the reigning Christian doctrine. Krafft-Ebing obviously went along with this idea, which, at its strongest, implied that masochism was a reaction to the traditional humiliation of women:

There is an important characteristic of masochism in this opinion <of Wedde's editor> which is trying to create a domina out of the submissive servant to which Christian doctrine has humiliated woman.<sup>126</sup>

Apart from collecting contemporary literary examples, Krafft-Ebing also quoted some more exotic ones, which he obtained from learned informants: one Professor E. Deak from Pest (Budapest) told him, for example, that ancient Indian literature had already used the picture of a masochistic man being ridden as a horse by a woman (in a story entitled "female moods" in the "Tantschatantra"). Benfey, editor of this Indian book, also referred to a Buddhist story of a wise man called Rishi who carried a woman on his shoulders and thus lost his wisdom.<sup>127</sup> Such literary examples presumably convinced Krafft-Ebing that his category of masochism referred to something real that was described by others. The masochists who read Krafft-Ebing's books found the examples exciting.<sup>128</sup>

On a more speculative level Krafft-Ebing volunteered several different explanations of masochism. His earliest such attempt

argued that although antiquity - he quoted Horace and pointed out that "domina" was a frequent term in antique literature - gave examples of how a lover could feel dependent on his mistress, the real change came with the knights of the Middle Ages.<sup>129</sup> Courtly love, he said, was a paradox in the history of morality and as yet unexplained. He suggested that during this period, which was "full of unusual psychoses", the worship of women caught on and "following the law of mass-psychoses, spread through the world by infection until it reached us". This explanation was not, however, repeated in later texts.

Krafft-Ebing also reported on the treatment of masochists. This consisted in a combination of good advice and hypnotic therapy, as was the case for the treatment of homosexuals. In accordance with the fewer cases of masochism compared to homosexuals, there are fewer therapies described. One such illustrative case was a 30-year old Hungarian man, who wrote to Krafft-Ebing in January 1891 asking for hypnotic treatment.<sup>130</sup> The autobiographical report gave many of the usual details: several years of masturbation in his teens, recognition of the health-hazards involved, abstinence, lack of interest in women and sexual attraction to young men which evolved around fantasies of getting punished (beaten on the bottom), finally two attempts with brothel visits where he found himself to be impotent with women. After reading Krafft-Ebing's texts he had diagnosed himself as homosexual and now hoped to get cured through hypnotism because he wanted to get married. Krafft-Ebing invited the man for a consultation (February 1891) - "for reasons of humanity and scientific interest" - and re-diagnosed him

as masochistic. He subsequently ran a short course of hypnotic sessions, suggesting that the patient should:

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- a) resist masturbation
- b) become disinterested in his own sex and in ideas of flogging - both in a wakeful state and in his dreams
- c) direct his libido only towards women, get erections when seeing beautiful female shapes, be fully potent with women and dream exclusively of women.<sup>131</sup>

After a very few days the patient reported that he no longer had any interest in men, but an increasing interest in women - he had started to dream of women. Three days later he felt free of his masochistic fantasies, no longer took an interest in whips, but still had dreams of flagellations centred around men. Some days later he made an attempt at intercourse in a brothel where he achieved only an incomplete erection, abandoned the attempt, decided that his sexual drive towards women was after all on the weak side, but nevertheless remained optimistic, since he experienced a decrease in his pathological ideas. Unfortunately, therapy was prematurely terminated when the patient was called home to Hungary because of urgent family duties.

Other patients initially tried to cure themselves without Krafft-Ebing's help. A 47-year old man of independent means, for example, reported that he had never taken any interest in women; his sexual fantasies evolved around men from the lower classes, preferably dirty and with big, rough hands such as sailors, day-labourers, servants and coachmen.<sup>132</sup> With such men, whom he met by visiting disreputable pubs in disguise, he enjoyed himself in a passive, female role. Since there were too few opportunities to enact his sexuality, he temporarily fell for masturbation, became neurasthenic

and - sent to Italy for recovery - discovered that social laws were different and more open there and that it was easy to find what he wanted. Returning home after 6 months, he fell back into his old misery of sexual frustration. He then tried to improve his situation by carefully instructing paid subjects; he indeed managed to find at least one man who was able to play the pre-planned comedy to his satisfaction.

These last two cases raise the question of the relationship between homosexuality and masochism. There were contemporary discussions about this, arguing that effeminate, homosexual men often showed masochistic traits (following the equation: masochistic = effeminate). Albert von Schrenck-Notzing, among others, promoted this idea, which Krafft-Ebing accepted.<sup>133</sup> In addition to the category of masochistic homosexuality Krafft-Ebing also described a few cases of sadistic homosexuality.<sup>134</sup>

## Fetishism

In 1889, in the 4th edition of the Psychopathia sexualis Krafft-Ebing first introduced the term fetishism into his work, acknowledging Cesare Lombroso as his immediate source.<sup>135</sup> Lombroso had used the phenomenon of fetishism as an explanatory model in his introduction to the Italian translation of the Psychopathia sexualis, 1889.<sup>136</sup> In later editions of the Psychopathia sexualis Krafft-Ebing also quoted the Frenchman Binet in this context.<sup>137</sup>

Before fetishism acquired its new medical meaning, the word had referred to the religious worship of relics and holy objects. Krafft-Ebing modified this meaning as the worship of objects belonging to a beloved person (such as shoes), or sometimes parts of the body (hair), and a sexual desire directed exclusively towards these objects.

Fetishism was not a newly observed phenomenon, but a mere re-labelling of already collected data: thus several of Krafft-Ebing's illustrating cases had been described in earlier versions of his book, but had so far been listed under the general heading "other paradoxical actions".<sup>138</sup> The cases were moreover mostly taken from the literature and not observed by Krafft-Ebing himself; of 13 cases of fetishism described in 1889 only one was Krafft-Ebing's, the majority were French or Italian, and there is a brief reference to a case dating back to 1838 (by Diez, published in his book "Suicide").<sup>139</sup> The patients were obsessed by shoes, handkerchiefs, toiletries, ladies' underwear or nightcaps. Each desired object was used differently: one man robbed two ladies of their shoes in an open street in New York; others masturbated with them: Blanche's patient, for example, was arrested causing public annoyance by masturbating in front of a shoe-maker's shop, and a 50 year old priest was in the habit of regularly hiring a prostitute's shoes without wanting the girl herself. Another needed women wearing elegant, black and high-heeled boots (plus the woman, who wore them).<sup>140</sup> In a later work, Krafft-Ebing described more eccentric cases, such as the 19 year old student who could not resist finger-rings, especially gold (and unaffordable) ones, or the homosexual fetishist who was aroused by the sight of a young man wearing the



sign of grief on his arm (*Trauerflor*: a black band on the upper arm worn after the death of a relative). This man, a lawyer who was completely unable to explain his strange taste, also felt attracted to warts, freckles, ulcers and other skin-diseases in men.<sup>141</sup> Krafft-Ebing's psychological explanation of fetishism followed Binet and used the model of association. He argued that the patient had experienced a sexual feeling in the past at a time when he was exposed to the later fetish. The brain then connected the two events.

Originally Krafft-Ebing saw fetishism as pathological,<sup>142</sup> but later introduced a distinction between physiological and pathological fetishism, thus broadening the term. This was a fundamental step which was a good example for the way he was beginning to psychologise the subject of psychopathology. He went as far as to single out physiological fetishism as the principle which guarantees specific love:

These physiological facts of fetishism often account for the affections that suddenly arise between man and woman, the preference of a certain person to all others of the same sex.<sup>143</sup>

...the phenomena of physiological fetishism <are> conditions for an individualisation of love, <and> important institutions of nature for the education of individuals, as well as <resulting in> monogamous connections between man and woman, which are useful for the next generation and hence also for society.<sup>144</sup>

The specific attraction between two individuals, the result of which is the desired monogamy, can, in other words, be explained by fetishism. Far from fetishism remaining a clear-cut medical category describing sexual pathology, it seems that it had been elevated to

the status of the real glue between people: fetishism was what held together the institution of marriage. Once more Krafft-Ebing was not particularly original here: above all he quoted Binet,<sup>145</sup> but also psychological or literary authors like Magnan, Max Dessoir (psychologist from Munich), Jäger (a German contemporary psychologist, author of "Discovery of the Soul"), Molière and Belot (author of "Les baigneuses de Trouville").

Simultaneously, and also in agreement with the above authors, Krafft-Ebing's list of possible fetishes became longer, including quite abstract characteristics of a beloved partner. Heading the list of fetishes a woman might possess are - next to pieces of clothing like shoes - the hair, the hand, the foot and the expression of the eye. By way of proof, attention is drawn to the care taken by women with their hair: the "often unreasonable amount of time and money spent upon its cultivation" and the frequency with which "*coiffures*" appear as female conversation topics. As for "masculine virtues" that "impose on woman", the list included, in addition to physical features, several character traits and talents: physical strength, courage, nobility of mind, chivalry, self-confidence, even self-assertion, insolence, bravado, a conscious show of mastery over the weaker sex, military uniforms (cavalry-man), the beard (the emblem of virility and the secondary symbol of generative power), the singing voice (tenor) and, lastly, mental superiority.<sup>146</sup>

Krafft-Ebing made his comments on fetishism an integral part of his Psychopathia sexualis by repeating them in his first chapter "fragments of a psychology of sexual life".

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<sup>1</sup> There is a vast and growing secondary literature on the history of sexuality, for some comments see introduction.

<sup>2</sup> I shall use the modern term homosexual for reasons of simplicity throughout this chapter, although during the early days of medical writing on homosexuality, the standard term was *conträrsexual* (contrary sexual feeling), used first by Carl Westphal in an article of 1870 (*Conträre Sexualempfindungen. Archiv für Psychiatrie* (2) pp 73-100). The later term *homosexual*, originally coined in 1869 by a Hungarian - Karl Maria Kertbeny - only appeared in Krafft-Ebing's work as from 1889, after he had drawn up a more differentiated classification of contrary sexual feeling; it then referred to one of the four grades of contrary sexual feelings: 1) psychosexual hermaphrodisy (i.e. primarily homosexual feelings, but still heterosexual feelings existent). 2) homosexuality (sexual feelings exclusively directed to the same sex). 3) effeminatio and viraginity (the whole psychic being is modelled according to the abnormal sexual feeling). 4) Androgyny and Gynandry (also the physical appearance takes on the shape of the wrong sex). See, for example, *Psychopathia sexualis* (14 th ed. ed. by Fuchs, 1912) p 257. In addition the lawyer Ulrichs in the 1860s had promoted a non-medical term -*Urning* - which Krafft-Ebing also adopted in his earlier work.

<sup>3</sup> Chapter 7 - on hypnotism - will deal in more detail with this aspect.

<sup>4</sup> The best and by far most readable (for non-lawyers) account of German legal history I have found is: Eisenhardt (1984). All general legal-historical points are taken from it, unless otherwise stated.

<sup>5</sup> Eisenhardt (1984) especially pp 210-19. Note that my historical summary is exclusively speaking of criminal law, leaving out civil law and state law.

<sup>6</sup> Eisenhardt (1984) pp 215-16.

<sup>7</sup> "Common law" in the sense of a general law of a community, as opposed to local or personal customs.

<sup>8</sup> Eisenhardt (1984) p 318.

<sup>9</sup> This unification also applied to other aspects of law not touched on here: for example, the *Norddeutscher Bund*, a precursor to unified Germany in 1866/67, had already been under a unified legislation for commerce. An attempt had been made to create a single criminal code but had failed due to vast local differences even amongst the northern states only (and between North and South these differences were greater). Whilst a unified commercial law thus preceeded criminal law, civil law took much longer to be agreed upon and the German civil legal code (*Bürgerliches Gesetzbuch*) was only created on 1 January 1900.

<sup>10</sup> My summary of the legal history of homosexuality - the history of § 175 - is based on Stümke and Finkler (1981) and literature focusing on Magnus Hirschfeld. Hirschfeld's work (and that of his collaborators) remain the most detailed - although heavily biased - accounts of the legal debates at the time. Hirschfeld was the most important opponent to § 175 from the 1890s for the next two decades. There is an autobiographical account of his fight against

the § 175 in a facsimile edition of 1986 - edited and introduced by Manfred Herzer and James Steakeley - which was originally published in a homosexual magazine Die Freundschaft in a series of 53 articles in 1922/23; it is here quoted as Hirschfeld (1986). Apart from Herzer's brief introductory overview, there is also a slightly more extensive legal-historical account in the introduction to another facsimile edition (of various authors) by Hohmann (1977)(introduction: pp 17-58). The latter collection contains two very useful legal accounts by Kurt Hiller (a lawyer in Hirschfeld's circles) published in 1908 and 1922. I have also used the biography of Hirschfeld by Wolff (1986).

<sup>11</sup> Stümke and Finkler (1981) pp 42-43.

<sup>12</sup> In Prussia, too, there had been attempts at abolishing the regulation of homosexuality, so in drafts 1 and 5 of the Prussian code (i.e. in 1827-29, respectively 1838). These initiatives failed and the final version of the Prussian code (1851) contained § 143. (Stümke and Finkler (1981), p. 43).

<sup>13</sup> See Stümke and Finkler (1981) pp 43-44; the official title of the circle was *Königlich-wissenschaftliche Deputation für das Medizinalwesen*.

<sup>14</sup> These pamphlets, published between 1864 and 1870 were: Vindex; Anthropologische Studien; Memnon; Gladius furens; Argonauticus and Araxes (for full references see bibliography under Ulrichs).

<sup>15</sup> he quoted him in different places throughout his work. Kupferschmidt (1987) p 564 also claims (without reference) that the two men corresponded with each other.

<sup>16</sup> See Manfred Herzer's historical summary in Hirschfeld (1986) p 201; Hohmann (1977) p 46 and Stümke and Finkler (1981) pp 352-55. In 1969 the age of consent was 21 - further brought down to 18 four years later. That is, it is legal for two men over that age, and given mutual consent, to practice any kind of sexual relationship. (The former DDR changed the paragraph a year earlier than West Germany, on 12 January 1968, put into action on 1 July).

<sup>17</sup> Quoted here acc. Stümke and Finkler (1981) p 43.

<sup>18</sup> Contrary to expectation this can not be translated with "paederasty": *Paederastie*, as used in the 19th century literature, had nothing to do with "boys" or children as we might expect. It has been argued (see, for example, Hiller (1908) p 87n) that the term was based on a false ethymology and had been derived from podex or pedex (bottom) instead of paedos (child). The German *Sodomie* of the time meant intercourse with animals and not anal intercourse. I shall here follow the modern English usage for clarity's sake.

<sup>19</sup> Hirschfeld, for example, argued thus, see Hirschfeld (1986) pp 117-118. (The CCC had included women into the punishment when they used a priapus.)

<sup>20</sup> Hirschfeld (1986) pp 117-18. "... ein Produkt deutscher Rechtsgelahrtheit"

<sup>21</sup> Hirschfeld (1920) pp 841-869.

<sup>22</sup> Since mutual masturbation was legal, the judges' questions did not try to distinguish between sexual acts and non-sexual acts, but the crucial point was which part of the other man's body had been

touched by the penis of the offender: hands were o.k. - thighs were out.

For the trial of Oscar Wilde see Ellmann (1988) pp 445-49.

<sup>23</sup> Quoted from a table compiled by Stümke and Finkler (1981) pp 502ff. The table refers to 1882-1979; first figures were apparently known only in 1882. Whilst the figures of the years 1882 - 1902 relate to both homosexual acts and bestiality (the second part of § 175), they are distinguished for later years and show that the homosexual offences were slightly over 50%. In other words, the above figures need to be halved.

<sup>24</sup> Whilst I do not want to diminish this point, it is nevertheless striking that the secondary literature on homosexuality seems particularly biased and almost without exception glorifies homosexuality. It is mainly written by homosexual authors with a political conviction and is thus history with an outspoken, often extremist value judgement. The publishers "rosa Winkel" in Berlin, for example, state as their goal to liberate homosexuals. I have failed to find an anti-homosexual account.

<sup>25</sup> Quoted in Bei (1986) p 7.

<sup>26</sup> Germanic penal law makes a distinction between two types of imprisonment, of which the first is normal prison and the second particularly severe conditions of imprisonment: *Gefängnis* and *Kerker*.

<sup>27</sup> In the 20th century there were obviously trends towards an interpretation directly modelled on Germany and one popular edition of the Austrian StGB, the Manz-pocket-book version (1966), adds in a short commentary to the § 129 that whilst "earlier the Austrian High Court asked for a coitus resembling action, the more recent legal use included all contacts between the genitals of the offender with any part of the body of the other person".

<sup>28</sup> Theoretically it is, of course, possible to find out about this history. This would involve looking through legal journals such as Der Gerichtssaal, or more directly yet, through the various official *Kommentare zum Strafgesetzbuch* or the vast collections of legal decisions (*Entscheidungen des ... Gerichtes*) - this is beyond this thesis. I have not found any historical accounts comparable to those on § 175 relating to the 19th century but the history of the recent abolition can be read up in: Stangl, Wolfgang. (1985). Die neue Gerechtigkeit. Strafrechtsreform in Österreich 1954-1975.

Wien (Verlag f. Gesellschaftskritik), see particularly pp 91-93.

<sup>29</sup> Under the title *Bibliographie der deutschsprachigen nichtbelletristischen Literatur zur Homosexualität von den Anfängen bis 1899* Hohmann (1977)pp 175-95, has compiled an apparently very complete list of the relevant primary literature. His list does not contain a single article directly on § 129, but several on § 175 in Germany. Some interesting examples for the latter are:

Cramer, August. (1897). *Die konträre Sexualempfindung in ihrer Beziehung zu § 175 R.St.G.* Berliner klinische Wochenschrift. (43) 934-36 and (44) 962-65.

Frey, Ludwig. (1898). Die Männer des Rätsels und der § 175 des deutschen Reichsstrafgesetzbuches. Leipzig: Spohr, 222pp.

(Anon.). (1890). *Kann sich nach § 175 St.G.B's auch derjenige strafbar machen, welcher den Geschlechtsteil eines Schlafenden*

in seinen Mund einführt? Entscheidungen des Reichsgerichts in Strafsachen (20) 225-26.

Koch, Anton. (1898). *Der § 175 des deutschen StGB vom Standpunkt der Ethik, Psychiatrie und Jurisprudenz*. Theologische Quartalsschrift (80) 433-85.

(Anon.). (1899). Laster oder Unglück? oder: Besteht der § 175 des deutschen Reichs-Strafgesetzbuches zu Recht? Eine Gewissensfrage an das dt. Volk von einem Freunde d. Wahrheit. Leipzig: Spohr, 115pp (reviewed in Jahrbuch für sexuelle Zwischenstufen, 1900, (2) 368-71).

30 Krafft-Ebing (1875) Lehrbuch der gerichtlichen... Krafft-Ebing (1877) *Ueber gewisse Anomalien des Geschlechtstriebes und die klinisch-forensische Verwerthung derselben als eines wahrscheinlich functionellen Degenerationszeichens*.

31 See introduction.

32 For figures see Feldhof table of reasons for admission.

33 Although the German tradition always took great care to make a distinction between the term degeneration and the English "moral insanity", there were in fact many similarities as far as the symptoms of the patient were concerned. (The causes were different since moral insanity was not seen as hereditary).

34 In his article mentioned above - Krafft-Ebing (1877) *Ueber gewisse Anomalien...* - which has rightly been seen as a precursor to Psychopathia sexualis (see Kupferschmidt (1987) p 563n).

35 Krafft-Ebing (1882) *Zur "conträren Sexualempfindung" in klinisch-forensischer Hinsicht*.

36 Krafft-Ebing (1885) *Die conträre Sexualempfindung vor dem Forum*. pp 37-38 of quote. The figure of 180 men and 25 women was quoted by Krafft-Ebing in his 1894 monograph Der Conträrsexuale vor dem Strafrichter... p 7 (The re-edition, a year later, quoted 210 men and 25 women; p 7).

37 He expressly invited such reports in his article of 1885, *Die conträre Sexualempfindung...* p 5.

38 Krafft-Ebing (1882) *Zur "conträren Sexualempfindung" in klinisch-forensischer Hinsicht*. pp 215 and 216.

39 Ibid. pp 224 and 225.

40 Ibid. p 225.

41 He included the Austrian § 129 and its new draft § 190 in the same quote. see Krafft-Ebing (1885) *Die conträre Sexualempfindung vor dem Forum*. p 34.

42 Neue Forschungen... (1890) p VI. The expression "step-children of nature", which was subsequently taken up in the literature generally, was an indication of Krafft-Ebing's humanitarian concern. At the time this was quite novel, although it may well look like a condescending attitude to us. The fact is that the majority of homosexuals in the 19th century saw Krafft-Ebing as a friend to their cause.

43 Krafft-Ebing (1890) Neue Forschungen... pp 66-80 (including follow-up).

44 Krafft-Ebing (1901) *Ueber sexuelle Perversionen*. p 130.

45 Krafft-Ebing (1912) Psychopathia sexualis (ed. 14, ed. by Fuchs) p 249.

- 46 Krafft-Ebing (1891) *Zur conträren Sexualempfindung; Autobiographie und strafrechtliche Betrachtungen über den Paragraphen 175 des deutschen Strafgesetzbuchs von einem Conträr-Sexualen.*; not translated into English.
- 47 Krafft-Ebing (1892) § 175 des deutschen Strafgesetzbuches...; quote p 52.
- 48 "Chantage" classically meant that a homosexual man was lured into a compromising situation by a "chanteur", say taken to a hotel-room. The amorous advances were then suddenly, but in a pre-planned manner, interrupted by a criminal buddy of the "chanteur", who threatened to report the incidence to the police and asked for a blackmail fee. Krafft-Ebing had already spoken of "chantage" in the 4th ed. (1889) of the *Psychopathia sexualis*, p 219 in a new addition to the text, arguing that "the future lawmaker should carefully consider whether - for practical reasons (difficulty in assessing the guilt question, furthering of the most disgusting blackmail, "chantage" etc.) - it was not a better idea to do away with the legislation on the persecution of homosexual love..."
- 49 Krafft-Ebing (1892) § 175 des deutschen Strafgesetzbuches... p 53.
- 50 Which means: The contrary sexual in the criminal court. On punishing sodomy on grounds of sex. The law as it stands and in the future. A programmatic pamphlet.
- 51 Krafft-Ebing (1894) *Der Conträrsexuale...* p 3.
- 52 Krafft-Ebing (1901) *Neue Studien auf dem Gebiete der Homosexualität.*
- 53 Ibid. p 6.
- 54 See Mosse (1985) for the connection between masculinity concepts with nationalism.
- 55 Krafft-Ebing (1894) *Der Conträrsexuale...* p 26 (for the quotes); see also p 11.
- 56 Krafft-Ebing (1886) *Psychopathia sexualis*, p 60; for a definition of different kinds of love, for example the less valuable and exaggerated love in puberty, see *ibid.* pp 8-9.
- 57 Krafft-Ebing (1894) *Der Conträrsexuale ...* p 17.
- 58 Ibid. p 15.
- 59 Ibid. p 16.
- 60 Ibid. pp 16-18 especially.
- 61 Ibid. p 21.
- 62 Consequently Feuerbach drew up the first Germanic StGB - the legal code of Bavaria, 1813. His principle was usually summed up with the short formula *nullum crimen, nulla poena, sine lege*. For a summary of these legal issues see Eisenhardt (1984) pp 315-18; 327.
- 63 Krafft-Ebing (1894) *Der Conträrsexuale ...* p 31.
- 64 See also Krafft-Ebing's article about abstinences of 1888 and his later views of sexual neurasthenia: Krafft-Ebing (1888) *Ueber Neurosen und Psychosen durch sexuelle Abstinenz*, and Krafft-Ebing (1895) *Nervosität und neurasthenische Zustände*.
- 65 Krafft-Ebing (1894) *Der Conträrsexuale ...* p 33.
- 66 See chapter 8 for details.

- 67 Hirschfeld (1986) pp 62-63.
- 68 Ibid. p 81.
- 69 Dr. iur. Numa Praetorius. (Pseudonym). (1899) reference to Krafft-Ebing on p 152n.
- 70 Ellmann (1988) pp 445-49; Ellmann does not mention Hirschfeld nor the German homosexual scene in general.
- 71 Hirschfeld (1986) p 203.
- 72 "Berlin's third sex" (*Berlins drittes Geschlecht*) was the title of a later book by Hirschfeld expressing his opinion that homosexuality was an entity in its own right. (4. ed. 1905).
- 73 Hirschfeld (1986) pp 201ff.
- 74 Ibid. p 207.
- 75 Ibid. p 208.
- 76 Ibid. pp 18-19.
- 77 A reproduction of this list (which is however only an excerpt of the whole) was published by Hiller (1922), reproduced in Hohmann (ed.) (1977); list on pp 125-129 of Hiller's monograph (original pagination kept in reproduction).
- 78 The new ideas were partly re-used in the 6th edition (1891) of the Psychopathia sexualis, as Krafft-Ebing promised explicitly in his preface ("The present 6th edition represents a partial re-edition, made necessary by the author's Neue Forschungen auf dem Gebiet der Psychopathia sexualis. The gentle reader will find a part of these new researches on sadism, masochism <and> fetishism in the paragraph on paraesthesia sexualis...") From the 7th edition of 1892, the full text of Neue Forschungen... (by now in its 2nd edition) was integrated into the Psychopathia sexualis (see preface).
- 79 For the problem of causal explanations at the time and as used by Krafft-Ebing, see chapter 8.
- 80 Lengthy quote from "a Berlin newspaper of February 1884" in Krafft-Ebing (1912) Psychopathia sexualis (ed. 14, ed. by Fuchs) pp 441-43. (This passage was not quoted in the earlier editions of the book, but definitely as from the 10th ed. of 1898).
- 81 In 1890, in his monograph Neue Forschungen.... Also in 1890 Krafft-Ebing published an article on masochism. (*Ueber Masochismus*). Because the journal is unavailable I have not been able to consult this short text. Since Krafft-Ebing did not quote it in his detailed monograph I assume it appeared after the latter.
- 82 All quotes in this paragraph on p 1 of Krafft-Ebing (1890) Neue Forschungen...
- 83 Krafft-Ebing (1890) Neue Forschungen... p 28.
- 84 Ibid. p 28.
- 85 Ibid. pp 28-29.
- 86 Sacher-Masoch was not only a novelist, but also a historian and a black sheep on the faculty board of Graz University (he chronically missed the meetings of the faculty and was finally fired). See Höflechner (1975).
- 87 This letter was published by Krafft-Ebing (1890) Neue Forschungen..., pp 15-22.
- 88 Ibid. p 17.
- 89 Ibid. p 5; Krafft-Ebing knew Möbius' work generally well.



90 Ibid. p 16

91 Ibid. p 22.

92 Ibid. pp 18-19.

93 Ibid. pp 19-20.

94 Thomas Laqueur (from Berkeley, California) has presented some very inspiring work (so far unpublished) at a recent Wellcome Symposium as a seminar: *Medicine, Masturbation, and Sociability, 1700-1990*; read at The History of Medical Attitudes to Sexuality, 20 June 1991.

95 Krafft-Ebing (1892) *Bemerkungen über geschlechtliche Hörigkeit* ...p 200.

96 Krafft-Ebing (1895) *Beiträge zur Kenntniss des Masochismus*, see Arbeiten 4, (1899) pp 127-28.

97 The many spas and health-resorts of the time sought to cure their clients' sexual neurasthenias and potency problems through a multitude of "medically established" therapies: baths, pharmaceuticals and "psychological treatment". The latter consisted of good, commonsensical advice such as to abstain from masturbation, and replace this with the more healthy visits to brothels or, healthiest of all, to get married.

98 See for the former Krafft-Ebing (1895) *Beiträge zur Kenntniss des Masochismus*, see Arbeiten 4, (1899) p 129, and for the latter his later (1898) article also on masochism on p 137 of Arbeiten 4, (1899).

99 Krafft-Ebing (1899) *Ueber Anaesthesia sexualis congenita*, in Arbeiten 4.

100 Ibid. p 179.

101 Ibid. p 180.

102 For example in Krafft-Ebing (1894) *Neuropathia sexualis feminarum...*, pp 85-88, he quoted whole lists of German, as well as foreign authors: Féré, Chambard, Guttzeit, Hammond, Glaevecke, Hegar, Schmalfluss, Bruntzel, Köberle, Tissier, Spencer-Wells, Kisch and Börner.

103 Krafft-Ebing (1894) *Neuropathia sexualis feminarum...*, p 88.

104 Krafft-Ebing (1891) *Ueber das Zustandekommen...* p 102 and identical: Krafft-Ebing (1894) *Neuropathia sexualis feminarum...*, p 91.

105 Or: all cats are grey in the dark.

106 Krafft-Ebing (1891) *Ueber das Zustandekommen* ... p 105 and: Krafft-Ebing (1894) *Neuropathia sexualis feminarum...*, p 93. (The text is here identical with the exception that the earlier version speaks of a "normal" man where the later one uses the term "animalistic"; possibly another indication of the shift towards psychological understanding and away from a mechanical concept).

107 Krafft-Ebing (1892) *Bemerkungen über...* p 12, mentions one Mr N. from Berlin, who had generally inspired Krafft-Ebing to writing the article and with whom he had corresponded about a lawyer von Stefanowsky (see also p 11), inventor of a broader term "passivism". A very similar note of acknowledgement to a (probably the same) correspondent in Berlin can be found in Krafft-Ebing's earlier text Neue Forschungen ... (1890) p 13; the same text reprinted this man's autobiographical account (pp 15-

- 22), including the statement that he had found his favourite ideas described in Sacher-Masoch's novels.
- 108 Krafft-Ebing (1892) *Bemerkungen über...* pp 199-200.
- 109 Ibid. p 208.
- 110 Krafft-Ebing (1890) *Neue Forschungen...* p 29. See also Krafft-Ebing (1892) *Bemerkungen über...* pp 210-11; von Stefanowsky, the lawyer from Mitau, had used the other examples to illustrate his category "passivism".
- 111 Krafft-Ebing (1892) *Bemerkungen über...* p 202.
- 112 Ibid. p 204.
- 113 For a general article on the double standard, see Thomas (1959).
- 114 Krafft-Ebing (1892) *Bemerkungen über...* p 204.
- 115 Ibid. p 204.
- 116 Ibid. p 206.
- 117 Krafft-Ebing (1886) *Psychopathia sexualis* p 10.
- 118 See also an earlier similar conclusion in a 1894 forensic report by Krafft-Ebing (*Massenhafte motivlose Brandlegungen...*).
- 119 Krafft-Ebing (1892) *Bemerkungen über...* p 207.
- 120 this example, which had appeared in an Austrian newspaper (*Vossische Zeitung*) on 29 June 1895, was quoted as typical by Krafft-Ebing. (second essay on masochism (1899) *Arbeiten 4*, p 132n).
- 121 second essay on masochism (1899) *Arbeiten 4*, pp 131-32.
- 122 Ibid. p 132.
- 123 Ibid. p 142.
- 124 Ibid. p 140.
- 125 Ibid. p 142.
- 126 Ibid. p 143.
- 127 Ibid. pp 143-44.
- 128 Krafft-Ebing knew that reading cases in the medical literature excited some patients. For example he quoted in the same essay (pp 153-54 ) a patient who "went into ecstasy when reading a case by Moll" <Albrecht Moll, who followed in Krafft-Ebing's footsteps in many respects in his books on sexual pathology>.
- 129 This and the following: Krafft-Ebing (1890) *Neue Forschungen...* , p 27.
- 130 Krafft-Ebing (1899) second essay on masochism, *Arbeiten 4*, pp 134-36.
- 131 Ibid. p 136.
- 132 Ibid. pp 151-54.
- 133 Ibid. pp 142; 145.
- 134 Krafft-Ebing (1899) *Zum Sadismus*, *Arbeiten 4*, pp 166-67.
- 135 p. 62 of the 4th (1889) German edition of the *Psychopathia sexualis* .
- 136 Lombroso's introduction to Krafft-Ebing's book (the first Italian edition was based on the 2nd German version of 1887) not only praised Krafft-Ebing's enterprise but strongly put it within the context of his own (Lombroso's) degenerationist views by adding substantially new ideas. Lombroso, for example, reprinted elaborate tables from his own works (with which Krafft-Ebing did not agree - see his early review of Lombroso, 1868). Fetishism

(*Feticismo*) was, next to atavism and epilepsy, used as an explanatory model for various sexual behaviours by the Italian. (see p XIX ff, Italian edition of the Psychopathia sexualis).

<sup>137</sup> See, for example: Rebman edition of the Psychopathia sexualis (1901) p 208. In fact, Binet was probably the first to use the term in this sexual-pathological context (in his paper of 1887: *Du Fétichisme dans l'amour. Revue Philosophique*) and is quoted for it both by Krafft-Ebing and Lombroso. See also Leibbrand and Wettley (1972) vol. 2, p 575, who claim that much and add that the term itself was first used by Charles de Brosses in 1760 in a work on fetish gods.

<sup>138</sup> Some examples of cases which were labelled "paradoxical actions" in the first edition of the Psychopathia sexualis and "fetishism" in the 4th edition are: case 12 of the 1st ed., pp 46-47 became case 28 in the 4th ed. p 63; case 14 of the 1st ed., p 48 became case 34 of the 4th ed. pp 66-67; case 15 of the 1st ed., pp 48-49 became case 35 of the 4th ed., pp 67-68 (indeed this case had already been known to Krafft-Ebing in 1879 when he mentioned it in a review on the literature (see Krafft-Ebing (1879) *Jahresbericht über...* pp 441-42 ; case 16 of the 1st ed. pp 49-50 became case 36 of the 4th ed. p 68 (also already mentioned in a review in 1879; *ibid.* pp 440-41); case 17 of the 1st ed. p 50 became case 37 of the 4th ed., p 69.

None of these cases underwent any change in content, the identical stories were merely labelled differently.

<sup>139</sup> Krafft-Ebing quoted, for example, papers by Blanche (1882), Mantegazza (1886), Charcot and Magnan (1882) and Lombroso (1883); (Psychopathia sexualis, 4th ed. (1889) pp 63-69).

<sup>140</sup> All of these examples Psychopathia sexualis, 4th ed. (1889) pp 63-69.

<sup>141</sup> Krafft-Ebing (1899) *Zum Fetischismus, Arbeiten 4*, (1899) pp 172-74.

<sup>142</sup> p 63 of the 4th edition (1889) of the Psychopathia sexualis.

<sup>143</sup> 10th edition (1898) of the Psychopathia sexualis, quoted after the English Rebman edition of 1901, p 19.

<sup>144</sup> Krafft-Ebing (1901) *Ueber sexuelle Perversionen*, p 146.

<sup>145</sup> Quoted after the English Rebman edition of 1901 (which is the 10th edition (1898) of the Psychopathia sexualis.) pp 20-23.

<sup>146</sup> *Ibid.* pp 23-24.

Of all of Krafft-Ebing's interests, hypnotism was seen as the most controversial. From the vantage point of the 20th century, Krafft-Ebing may well have gained notoriety as one of the earliest psychiatrists to publish on sexuality, but at the time he was more in danger of risking his reputation over hypnotism than over his classification of sexual diseases.

Hypnotism had always been a controversial topic. In the 1880s it was subject to various prejudices: It was seen as an inherently dangerous field notoriously associated with Franz Anton Mesmer and his activities in the 1770s.<sup>2</sup> In addition, much of its subsequent development into a more serious topic had taken place principally in France. It was considered by German-speaking doctors as a French idea, which created new problems for some of them. Lastly, - and this applied particularly to Austria - the most recent revival of hypnosis was closely associated with lay-hypnotisers such as the famous performer Hansen.<sup>3</sup>

Krafft-Ebing was one of the earliest German-speaking authors to write on hypnotism. His first paper was in 1886. This chapter will show that his contribution to hypnotism was neither extremist, nor genuinely original - apart from one exception: the use of hypnosis to cure homosexual tendencies - a therapeutic model, which shaped his later project on sexuality. Although most of what he described had been said before by the French, within a Germanic context he was a pioneer of the use of hypnosis and a comparatively enthusiastic advocate of its therapeutic potential. He also socialised

and collaborated directly with lay-hypnotisers like Mr von B., the hypnotiser to Miss Piegler. Some of his contemporaries regarded his hypnotic performances as greatly resembling those of the stage-hypnotisers and generally attacked him for his interest in hypnosis.

Hypnotism is important in the study of Krafft-Ebing's reputation and of his ideas on homosexuality. It also is the topic which shows him best as a practising psychiatrist. His hypnosis of Ilma is his most fully described case, and in this and his other hypnosis cases, we can witness him acting as a therapist more directly than in any other part of his work.

## **Hypnotism in Austria in the 1880s**

### Hypnotism - a dangerous discipline

Hypnotism had long had a dubious reputation as it had been historically closely connected with money-making, charlatanry and sensationalism. Mesmer, who had popularised it in Vienna, had also been expelled from the town in 1778, and this badly affected the reputation of the discipline for many decades. A renewed medical debate in 1844/1845 continued to argue very strongly against the credibility and scientific nature of hypnosis; as a result hypnosis was not mentioned in scientific circles in Vienna until the early -1880s.<sup>4</sup>

It appears, however, that hypnotism had in reality "gone underground" and continued to be practised in different forms.<sup>5</sup> The

case of Ilma, who reported that she had been hypnotised both by her general doctor (GP) and by various lay people around the year 1872 and afterwards confirms this. That Krafft-Ebing as an experienced doctor did not question her story indicates that Ilma was not reporting anything that was considered outrageous.

The methods carried out in the privacy of country doctors' surgeries (and indeed in lay circles), were however no measure of the official respectability of hypnosis. The transformation of the topic into a scientific enterprise occurred in the second half of the 1870s (at least in the German-speaking world). This happened at first from a theoretical-physiological angle with important work done by physiologists such as Czermak, Preyer, Heidenhain, Grützner, Weinhold and Goltz, as well as clinicians such as Berger, Bäumlér, Senator and Adamkiewicz.<sup>6</sup> Their work was directly influenced by lay hypnotisers whose performances had become increasingly popular from about 1875 with a peak in 1880, leading to a state of almost-mass-hysteria amongst the general population. The Danish hypnotiser Hansen, an immensely successful professional performer, was one of the most influential hypnotists, performing throughout Europe. He arrived in Vienna in January 1880. His hypnotic shows were widely attended and greatly increased the popularity of the subject, thereby furthering its medical reception since many patients demanded the new therapy. Although Krafft-Ebing did not explain his motivation, he apparently hypnotised on several occasions because the patients expressly asked for it. This was certainly so in the case of a German homosexual, Dr. phil L., who requested this treatment. Similarly a patient called Mr von X. was treated with hypnosis by an initially reluctant Krafft-Ebing. Mr

von X. had formerly been hypnotised by the famous Hansen himself. Krafft-Ebing was requested to use hypnosis in this case - not by the phlegmatic and disinterested patient, but by his family who had insisted on therapy. (Both these cases are briefly described below).

Hansen's demonstrations were not only attended by patients but also seen by doctors; we know, for example, that Freud attended them and was deeply impressed.<sup>7</sup> They led to a lively scientific debate in Viennese medical newspapers, and finally to a forensic report, commissioned by the Ministry of Health for Lower Austria and written by the medical faculty of Vienna in 1880, that forbade Hansen further performances. Not all members of the medical faculty that contributed to the report were necessarily against the idea of hypnosis, but certainly most of them were against its use by laymen. For example, Billroth and Meynert were generally against hypnosis and Leidesdorf, Benedikt and Obersteiner were for it.<sup>8</sup>

### Medical hypnotism

Over the next few years hypnotism rapidly gained in popularity and became well-reported in the medical literature. This development was mainly shaped by the French, who undertook clinical, as opposed to physiological, research. It was above all Charcot in Paris who promoted the wider clinical application of hypnosis by first using it on hysterical women at the Salpêtrière. He started to publish on these experiments in 1882, followed two years later by another French psychiatrist, Bernheim at Nancy, who contradicted

Charcot on some major points. Over the next few years two schools of hypnotism developed: Charcot and the Parisians, who held that only hysterics could be hypnotised; and the Bernheim or Nancy-school, which suggested that hypnosis could be induced in healthy persons and that its main application should be a therapeutic one.<sup>9</sup>

In the German-speaking world these French ideas were noted in some journals but there were initially no original German publications on clinical aspects of hypnotism. This changed in the mid-1880s when German authors started to contribute to the field. Although their contribution was not numerically significant if compared with those of the French - 60% of Max Dessoir's Bibliographie des modernen Hypnotismus (1888) consists of French work and less than 10% are German - the number of German scientific papers was growing fast. By the mid to late 1880s a substantial number of German-speaking doctors had been to France - usually first to Charcot and then to Bernheim - and they had learnt how to hypnotise.<sup>10</sup> Amongst the first to promote therapeutic hypnotism were Albert Moll (Berlin), August Forel (Zurich), Max Dessoir (Munich), Albert von Schrenck-Notzing (Munich), Sigmund Freud (Vienna), Heinrich Obersteiner (Vienna) and - Krafft-Ebing. The topic also found its way onto the agendas of important meetings such as the annual meeting of German *Irrenärzte* (mad doctors) in Frankfurt on 16 and 17 September 1887 or the meeting of the Berlin Medical Society from 26 October to 2 November 1887.<sup>11</sup> Still the atmosphere was rather hostile: Moll, for example, was heavily attacked after his lecture in Berlin in 1887. A year later, when writing to Forel about his next lecture to the same society held on 9 April 1888, he remarked that the ironic smiles had



gone but stated that he still anticipated further "negative reactions".<sup>12</sup>

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### Hypnotism: a French field

Much of this initial resistance against hypnosis by the majority of German doctors was due to the topic being seen as French. Given the political situation with the recent Franco-Prussian war of 1870/71, national feelings affected the reception given to French ideas. German authors questioned French practitioners and re-examined their experiments with German thoroughness. This discussion partly deteriorated into polemic. When the conclusions of the German authors differed from those of the French, they were quick to imply that the whole phenomenon of hysterical women, together with their hypnotisers, was nothing but a manifestation of French national characteristics.

As the German Fraenkel, reviewer of the hypnotic literature for the Allgemeine Zeitschrift für Psychiatrie, put it:

The literature on hypnosis of the second half of 1887 is not only characterised by the achievements of the well-known hotbeds of hypnosis and suggestion in France, but also by a joining in the debate - albeit in a mostly negative sense - by German colleagues. This has led to ill-humour on the French side, which shows itself in an inadequate and openly hostile attitude (to put it mildly) towards German science in general (see the December issue 1887 of Revue de l'Hypnotisme) .... One pretends to the right to doubt the ability of observation and scientific justification of the Germans.<sup>13</sup>

The French, who had suffered a military and political defeat in 1870/71 (and who feared they might lose scientifically in many

areas against an increasingly strong Germany), retaliated in similarly intense language, using arguments such as that the Germans were not able to hypnotise properly because they lacked sensitivity, and implying that their reservations were an emotional statement against France:

If one knows that it is France who is heading the <hypnotic> movement, one can guess easily that it is Germany who has refused to follow her - and this out of national pride... German doctors, aware of their superiority in other fields - chemistry, physics, anatomy, bacteriology, vivisection, surgery - are not willing to let themselves be diverted to this kind of a topic by anybody (and certainly not the French). They treat hypnotic studies as 'French humbug' and ignore it. The result is that the French see the impossibility - given 'Germanic heaviness' - to embark on a kind of study, which takes a lot of tact, sensitivity and subtle observation.<sup>14</sup>

We shall see below that Krafft-Ebing, who also re-examined existing French experiments, remained cautious in his conclusions. Above all he eschewed the polemical language used so freely by others.

### The climate in Austria

The Austrians were similar to the Germans in their hesitant response to hypnotism and their shared reservations against French science, but in some respects the reaction in Austria was particularly negative. This was possibly due to Theodor Meynert, the leading psychiatrist, who completely rejected hypnosis. In a speech given to the *Gesellschaft der Aerzte* on 2 June 1888, for example, he declared it the favourite topic of medical charlatans. Emil Kraepelin (1856-1926), then professor of psychiatry at Dorpat,

who attended this meeting during his visit to Vienna in summer 1888, wrote later that "the very first sentence was a direct attack on Krafft-Ebing".<sup>15</sup> There is, however, no direct evidence for a hostile relationship between Meynert and Krafft-Ebing, analogous to that between Meynert and Freud, whose disagreements over hypnotism are well documented. That is probably more a reflection of Meynert's caution in not committing himself in writing; his polemical criticisms were almost always oral when directed towards his peers from the faculty. The relationship between the two was almost certainly not cordial, if only because Krafft-Ebing was seen as the pupil and successor to Leidesdorf, Meynert's rival in many respects.

Meynert was, however, held in high esteem, and his negative views of hypnotism were taken seriously despite the opinions of other Viennese professors. Amongst those who advocated hypnotism in Vienna were Heinrich Obersteiner, professor of neuropathology, Johann Schnitzler, professor of laryngology, Moriz Benedikt as well as Josef Breuer and Sigmund Freud.

In 1887 Obersteiner published an overview of hypnotism as a chapter to a more general medical book edited by Johann Schnitzler: Der Hypnotismus mit besonderer Berücksichtigung seiner klinischen und forensischen Bedeutung (Hypnotism in particular relation to its clinical and forensic significance).<sup>16</sup> This is a balanced account of hypnosis, touching on all those aspects which were later examined by Krafft-Ebing. For example, it covered the process of making people appear younger or older or changing their personality. Obersteiner also warned against the commercial exploitation of hypnotism and quoted Hansen by name.<sup>17</sup>

Obersteiner took an interest in hypnosis for a number of years. In 1885 he and Ernst Fleischl von Marxow conducted experiments on themselves. In 1887 he assisted Johann Schnitzler at the polyclinic in hypnotising for an operation a patient with aphonia paralytica.<sup>18</sup> A few years after his first publication on hypnosis he wrote another survey: Die Lehre vom Hypnotismus (the doctrine of hypnotism) in which he also referred objectively to Breuer and Freud's method:

They <Breuer and Freud> found that a multitude of hysterical symptoms had a most direct relationship with a psychological trauma. The hysterical symptoms can be made to disappear without relapse, if one manages to re-awaken the memory of this trauma under hypnosis and get the patient to relive and express the event, together with the emotion which accompanied it.<sup>19</sup>

The ideas of Breuer and Freud have, of course, been explored more thoroughly than those of Krafft-Ebing and others, thus creating an unbalanced historical picture. Breuer was definitely interested in hypnotism from 1880 if not earlier and - together with Freud - used the hypnotic technique in a novel way a few years later.<sup>20</sup> He was not, however, its only advocate in Vienna. Other early advocates were Moriz Benedikt, who hypnotised in 1868 and in the mid-1870s (hysterical women) and Johann Schnitzler, both of whom have been mentioned. Schnitzler, the father of Arthur Schnitzler (doctor and poet and Freud's famous *Doppelgänger*), was particularly influential in promoting hypnotism by publishing on the topic in his medical newspaper, the Wiener medizinische Presse.

Krafft-Ebing hypnotised for the first time in autumn 1885 and published this case in 1886. Over the following 14 years he published a total of 12 articles and 2 books specifically on the topic.<sup>21</sup> Additionally he mentioned hypnotic treatment in a number of other cases: in particular patients suffering from *hysteria gravis* (by which Krafft-Ebing meant patients showing symptoms including fits and hemianaesthesia) and patients with sexual perversions.

Krafft-Ebing was at first intrigued by the colourful phenomenon of hypnotism and the possibility of conducting physiological experiments on his patients. Not unexpectedly, given his general interest in forensic psychiatry, he also focused particularly on legal questions such as whether a patient could be influenced under hypnosis to commit crimes or whether a crime could be committed on the hypnotised person (the latter related particularly to the possible rape of young women by their hypnotisers). A further forensic aspect was whether questioning under hypnosis could reveal past events, thus leading to its use by detectives. After Krafft-Ebing had collected his very first experiences with hypnosis he shifted his main focus to hypnosis as a therapeutic technique.

None of the questions Krafft-Ebing asked was particularly original, with the possible exception of some which concerned therapeutic applications. The fascination with the full range of physiological parameters that could be influenced under hypnosis was shared generally both by the French and the Germans. The forensic angle was ardently pursued in France through the 1880s and had already

led to much publicity outside of medical circles.<sup>22</sup> Krafft-Ebing did not produce any new viewpoints: he repeated and checked for himself what French clinicians had done before him and ended up with a cautious position as to the forensic usefulness and importance of hypnosis.

The therapeutic idea, too, had been pursued by the French. At the time Bernheim was the main proponent of the use of hypnosis as therapy. Krafft-Ebing's hypnotic therapies were certainly heavily indebted to the Nancy school and he neither diverged from the basic model nor added anything substantial. He directly quoted Bernheim on several occasions, saying that he used his method in order to put patients to sleep, or that he gave healing suggestions according to Bernheim. In a sense it would be justified to see Krafft-Ebing as "a member of the Nancy school", which was, in fact, a contemporary view; for example, Schrenck-Notzing, who organised a congress on hypnosis in Munich in 1896, named Krafft-Ebing amongst those of the Nancy school in his correspondence with Forel.<sup>23</sup> This view is further reinforced by the fact that Charcot is mentioned critically in Krafft-Ebing's Ilma case. However, the traditional distinction between Paris and Nancy itself can be overplayed and when hypnosis was accepted by German scholars the details of the debate within France largely lost their relevance. The topic was modified and adapted, thus turning into something new and specific.

Krafft-Ebing was original in one respect. He used hypnosis on his sexually perverted patients, above all on homosexuals. He seems to have been the first to do so and it proved to be an influential and

fruitful idea. In this he was imitated by others, in particular Moll, Fuchs and Schrenck-Notzing. The main significance of Krafft-Ebing's use of hypnosis on homosexuals was, however, that it led him to alter and develop further his model of sexuality, rather than initiating any changes in the development of hypnotism as a science.

Krafft-Ebing's most important work was his study of a patient called Ilma, published in 1888 as Eine experimentelle Studie auf dem Gebiete des Hypnotismus (translated into English in 1889 as: An experimental Study in the Domain of Hypnotism). This case study covered 80 pages and was a full monograph which in itself is remarkable for a pre-psychoanalytic case. The book is of historical importance because the Ilma case was more influential than any other in shaping Krafft-Ebing's ideas, and because it became his best recognised contribution to hypnotism.

### **The Ilma Case<sup>24</sup>**

Ilma S., 29 years old, single, Hungarian and the daughter of a merchant, was admitted to the neurological clinic in Graz on the evening of 20 October 1887. She was brought to Krafft-Ebing's clinic by the police for observation of her mental state. She had been arrested by the police for stealing a silver watch and a chain and medallion of a servant in the house where she had taken up lodgings two days before. A few hours after the theft, when questioned by the police (who had no difficulty in discovering her in the nearby inn), Ilma had appeared to be in a mentally deranged

condition. She did not know anything of the watch that was found on her, answered questions only partially and seemed to be in a trance-like state.

On the ward round taking place the morning after her admission Ilma was fully awake and able to give Krafft-Ebing some information. She said that she had absconded from the clinic of Professor W. in Pest<sup>25</sup> because she had found the constant subjection to hypnosis unbearable, and she had been told that she would find a warm welcome in the nunnery at Graz. With a harmless manner she stated that she could not remember any theft or arrest by the police. On questioning she gave the psychiatrically relevant illnesses in her family, of which there were several examples: her father was an alcoholic and committed suicide by letting himself be run over by a train. Her mother was sickly and died in a paralysed state following apoplexia (stroke). Her maternal grandfather had gone mad and shot himself. A brother and a sister of Ilma also committed suicide, and another sister suffered from "hysteria convulsiva".

In this way Krafft-Ebing opened his account of the patient Ilma. What follows is a detailed history of the patient, in particular, a seven-page autobiography written by Ilma during her stay at the clinic. This is written in fluent style and flowery language reading "like a work of fiction", and showed "a lively imagination".<sup>26</sup> Krafft-Ebing partly corrected and partly added to Ilma's autobiography by drawing on reports of former hospitalisations and a former legal assessment. He also tried to check certain facts by writing to the



nunnery where Ilma had grown up, as well as conducting an interview with her brother.

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### Ilma's story

From the age of 3 or 7 (two dates given) Ilma was brought up in a convent and around the age of 15 it was decided that she should join the order. She had been a quiet, talented girl with a lot of imagination and somewhat inclined to daydreaming. She had experienced one phase of illness around the age of 14. After witnessing several people drowning on a ferry she had reacted by going into a physical and mental paralytic state for some hours, diagnosed by Krafft-Ebing as a catatonic stupor. She apparently recovered from this state by being put to hypnotic sleep by a doctor. The nuns themselves used hypnosis with Ilma for many years after this.<sup>27</sup>

Around the age of 19, just before she was supposed to enter the convent for good, Ilma fell in love with her cousin Emerich who was visiting her family. This love affair, a consummated affair, was forbidden by her father. He sent her straight back to the convent, from whence she fled shortly afterwards. In her own words, the immediate cause for her flight was that her favourite nun had put her to hypnotic sleep and whilst unconscious tried to manipulate her into stealing the treasure of the convent. The nun's plan had been to avail herself of the money and to elope with her own secret lover. This, however, came to nothing because Ilma awoke from her hypnotic state, understood the intended crime and escaped by

running off to her parental home. That Ilma arrived late one night at her home and broke down on arrival is a confirmed fact. She was seriously ill for the following six months. This was seen as "overexhaustion of the nerves" at the time and later (by Krafft-Ebing and others) as a first phase of "hystero-epilepsy".

After Ilma had recovered, her father wanted to send her back to the convent, but she stole some money and ran off. Since she found it impossible to make a living as a woman, Ilma then put on male clothes and managed to take on a house-teacher's job in a private estate (a *puszta*) under the pseudonym Julius Horvath. She had to leave this position two years later because the lady of the house tried to seduce her.

Ilma carried on working as a man - this time with the railway - and began to take female lovers ("acquired contrary sexual feeling" in Krafft-Ebing's terminology). Apparently one of the women with whom she was involved delivered her to the police after a quarrel and the story of her disguise was made public in the local newspapers. It was then that the patient, who had been functioning well over the last three years, fell ill again.

She was twice hospitalised in the Rochushospital in Pest in the summer of 1883 and January 1885 and diagnosed as hystero-epileptic. In April 1885 she was subsequently arrested for the first time for the theft of silver. The medical report of the Rochushospital argued that the patient was not legally responsible. There were further confrontations with the police: in August 1886 when Ilma stole and sold a sewing machine, twice in October 1886 when she

stole silver from two employers, each time only a few hours after having been appointed to a new job. She kept claiming that she suffered from attacks during which she was unconscious of her actions. In the middle of October 1886 she was hospitalised in the general hospital in Pest for further observations and there were two conflicting reports by psychiatrists written about her case. At the end of December 1886 Ilma was transferred to the First Medical Clinic in Pest under Professor Jendrassik. Jendrassik made a series of hypnotic experiments with her and published these in an article.<sup>28</sup> Several months later, at the beginning of October 1887, Ilma absconded from his clinic, stating later that she was tired of the eternal hypnotic experiments to which she was subjected. After only two weeks she was re-admitted to Graz having committed another theft of silverware almost identical to those that had led to her hospitalisation at Pest a year earlier.

To this extensive history of Ilma Krafft-Ebing added a short clinical description under the heading "status praesens" and a summary of the illness-course during the seven months the patient stayed at Graz. The status included the detailed neurological findings concerning the left-sided hemianaesthesia and left-sided blindness, which were diagnosed as hysterical. Krafft-Ebing then filled about 50 pages with hypnotic experiments undertaken with Ilma, first briefly summing up Jendrassik's experiments and then giving details of his own. These experiments constitute not only the quantitative bulk of the book but are clearly the main reason for the publication of the case.

Krafft-Ebing's experiments on Ilma totalled approximately 90 sessions. The book states dates and usually gives a brief summary of the sessions, which apparently lasted anything from a few minutes to several hours,<sup>29</sup> and were conducted over the whole period of Ilma's seven months' hospital stay. Four sessions took place in front of a large, mostly medical, audience at the local medical society, with up to 100 members and guests. These were reported almost verbatim; they had also appeared in print before the publication of the book as the official reports on the meetings of the medical society of Styria.<sup>30</sup> Most sessions, however, were conducted in the clinic and it was almost always Krafft-Ebing himself who did the hypnotising.

Typical experiments done by Krafft-Ebing with Ilma would include putting her to hypnotic sleep by one of the usual techniques such as prolonged eye contact or lightly stroking her forehead. He then made suggestions, for example that one arm was paralysed, or non-paralysed, or that the paralysis moved from one part of the body to another. He tested her reaction to magnets and transferred symptoms from one side of the body to the other. He also tested a whole range of physiological parameters and reactions: rising or lowering of body-temperature through hypnosis, influence on bowel-action (exact timing of defaecation or production of diarrhoea), therapeutic induction of a healthy night's sleep. In addition Krafft-Ebing also tested many of the suggestions that had been made by lay-hypnotisers in *variété* -shows and which had led to the dubious reputation of hypnosis. For the meeting of the local

medical society held in the general hospital on 14 November 1887 in front of 68 members and 17 guests, Krafft-Ebing made the hypnotised Ilma assume different postures and mimic expressions: she first behaved as a praying person, then became angry, fearful and scornful. In turn she acted the part of a soldier, a drunken man, walked up a faked staircase, vomited, shook plums off one of the doctors who was described as a plumtree, and smoked a cigar. Krafft-Ebing made Ilma sign her name under hypnosis and write out a dictated promissory note for the amount of 1000 Gulden.<sup>31</sup> He also used posthypnotic suggestion. For example, for a later meeting at the same society, this time held at the society's rooms in town<sup>32</sup> and taking place on 19 December 1887, Ilma was put into hypnosis that day at 5:30pm. She was told to make her way to Sackstrasse nr. 14, 1st floor at 7 o'clock. She would there "meet the professor, then open a window and sing a Hungarian song".<sup>33</sup> Ilma, in fact, appeared at the meeting briefly after 7pm (in supervisory company of a doctor from the hospital), ignoring all the other doctors apart from Krafft-Ebing, opened the window, sang a song and then apparently woke up in a state of disorientation.

Some experiments did not work on Ilma. These were experiments formerly conducted by Charcot and by Luys (France) - the only two researchers Krafft-Ebing criticised by name. Prof Luys' experiments consisted in making bottled medication work in hypnosis without the patient actually swallowing the medication but by suggesting their effect instead. These experiments were seen as highly controversial and the fact that they did not work when Krafft-Ebing tried them did not help their reputation in Germany.<sup>34</sup> A similar effect was probably produced by Krafft-Ebing when he tried some of Charcot's

experiments. It is presumably no coincidence that Krafft-Ebing tried some of the more extremist Paris experiments on the occasion of the public meeting on 12 December. Ilma was told in hypnosis that she was deaf, which worked well and in order to get her to hear again, Krafft-Ebing, who had forgotten to include a time statement in his original suggestion, used a technique described by Charcot, quoting him. This consisted in holding up a "strong magnet" to the ear of the patient. The protocol reported that Krafft-Ebing used a magnet of several kilos (which was considerably bigger than those used by Charcot), which he held up for several minutes until he suffered from a cramp in his shoulder muscles - and still Ilma remained deaf.<sup>35</sup> The 104 guests at this meeting were presumably left to draw their own conclusions about Charcot's school.

Krafft-Ebing's diary for the 1 November 1887 first mentioned that Ilma behaved in a homosexual way towards a sister of charity looking after her on the ward; she tried to kiss the sister. Krafft-Ebing therefore gave Ilma post-hypnotic suggestion to stop this behaviour. This was successful.<sup>36</sup> Three weeks later, however, the suggestion seemed to have been destroyed when the patient suffered a fit (hystero-epileptic) and the command was therefore repeated.<sup>37</sup> Each time when Ilma suffered a fit this would apparently cancel out given suggestions, so that these were repeated regularly. The result was that Ilma stopped her erotic and affectionate behaviour towards the sister, but she also vaguely sensed a loss of her own willpower. Thus she wrote to the sister soon after such a suggestion had been given on 2 December 1887:

I feel so hurt; I feel as if I had lost something, as if I should no longer look at you, therefore my heart is aching.<sup>38</sup>

Such posthypnotic suggestions aimed at influencing sexual feelings were repeated by Krafft-Ebing throughout the rest of Ilma's hospitalisation and also prior to her transferal to the clinic in Pest.

Analysing Krafft-Ebing experiments on hypnosis, we find that he tested physiological parameters; that he tried to answer some forensic questions; and that he used hypnosis therapeutically by influencing Ilma's sleep pattern and sexual behaviour.

### **The patient's view**

Although it is not my intention here to write the history of Ilma's life and treatment from the patient's perspective, I believe that she would serve as a good example for such an analysis. There are clear indications that Ilma was an exceptionally intelligent, talented and passionate young woman, who - perhaps because of these very characteristics - was unable to fit into the confined career drawn up for her by her father. Thus we know from Krafft-Ebing's careful case-history that she not only spoke German (her second language after Hungarian) fluently and had a talent for writing imaginative essays, but that she was also sufficiently good an actress to play the role of a man over years and possessed the practical abilities to hold down the job of a teacher and a rail-road worker. As so often, Ilma's socially unusual behaviour, which was globally labelled ill by those who defended the social rules, could equally well serve to challenge those rules. Krafft-Ebing's behaviour towards Ilma may not always have been in her best

interests and indeed both he and Jendrassik may have exacerbated her illness.

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Ilma consistently and unambiguously stated that hypnotic sessions made her feel worse and she only consented to these sessions because she also trusted the doctors.<sup>39</sup> That trust was at least partly violated. She was hypnotised again and again and even if we assume that Krafft-Ebing believed some of these sessions were to her own good - he noted carefully that Ilma suffered fits after the hypnotic sessions but apparently failed to see a causal relationship - there were distinctly superfluous experiments. For example he made her undergo an experiment suggesting that a cold piece of metal pressed against her was in reality very hot, which resulted in burning the skin. Such experiments had already been carried out and written up by Jendrassik. On admission to Graz, Ilma's body showed various scars produced during her previous hospitalisation which she insisted was her main reason for absconding. We can guess the extent of her anguish from the fact that her only possible refuge was a nunnery - not a place of great attraction given her earlier history. Krafft-Ebing ignored the patient's understandable wish that the above experiments were not repeated.

During her stay Ilma grew very suspicious of the doctors and understandably so (this was again carefully noted but not reacted to): she suspected, for example, that the doctors undressed her during hypnosis - which was indeed the case since they examined the scars and wounds on her thorax. In order to test this, Ilma arranged little pieces of paper in her clothes (putting them beneath underwear and clothes), which fell out during the medical visits



when she was unconscious. She rightly concluded that she was physically examined. Another detail she presumably did not get to know: Krafft-Ebing followed the habit of abbreviating patients' surnames - obviously in order to protect their identities. It is rather inconsistent that he then spelt out Ilma's full name, Ilma Schandor, by printing samples of her handwriting.<sup>40</sup>

There is a postscript to Ilma's case. Krafft-Ebing, excellent clinician that he was, followed up her epicrisis and published the results: she was discharged from Graz and referred to a psychiatric asylum in Pest on the 13 June 1888 after a seven months' hospitalisation. As we know from one of the few preserved manuscripts, Krafft-Ebing wrote a postcard dated 1 July to the head-nurse, one Mr Glasy or Glaser, and asked for information on Ilma's behaviour during the journey and on arrival at the hospital (he had hypnotised her prior to her departure).<sup>41</sup> Dr Bolyo who was involved in her treatment wrote to Krafft-Ebing on 29 July stating that Ilma was well, had not suffered any fits, nor shown any other problems but the remaining hemianaesthesia. Since her admission to Pest the patient had not been subjected to hypnosis and the doctors agreed that they should await a possible worsening of Ilma's condition before resorting to hypnotic treatment. Four months later, Dr Bolyo wrote again and stated that Ilma remained stable and well, did not suffer any hysterical fits, but showed phases of sexual desire of a contrary sexual nature. Hypnosis was not mentioned in this letter dated 20 November, and was presumably not used.<sup>42</sup> Krafft-Ebing apparently received his last news concerning Ilma about two years later and published a summary in several editions of his Psychopathia sexualis into which her case had been put.<sup>43</sup> He stated:

According to information lately received by the author, this patient, after two years of treatment in an asylum, was entirely freed from her neurosis and sexual inversion, and discharged cured.<sup>44</sup>

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## The development of Krafft-Ebing's ideas

Krafft-Ebing must have known of hypnosis from the literature before, but he appears to have only tried the technique himself in autumn 1885. In his earliest case - published as C. R. (see below)<sup>45</sup> - he used hypnosis as a diagnostic tool, but not as a therapy. This idea - or opportunity - he only had with Ilma, his most exemplary case, two years later. The fact that he applied therapeutic hypnosis only from autumn 1887 is also backed up by his earlier successful treatment of a male homosexual, whom he claimed to have cured with 20 electrical massage sessions - a therapy he did not use again "after Ilma".<sup>46</sup>

His relative success with Ilma during her stay in Graz seems to have filled him with enthusiasm which lasted for a few years until giving way to a more cautious view. In May 1889 for the preface of the the Psychopathia sexualis, 4th edition, he alluded to the new therapy for homosexuality by stating "depending on the circumstances medical art could influence the diseased constitution". By contrast the preface to the same book a year later expressed a considerably stronger positive view:

Most additions are to the field of contrary sexual feeling, that probably most interesting and important field within the pathology of sexual life. So far a therapeutically hopeless field, the most recent research ... lets us see these conditions

in a less desolate light and lets us hope for some help in suggestive-hypnotic treatment.<sup>47</sup>

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There is no doubt that at this time Krafft-Ebing was enthusiastic and saw hypnosis, if never as sole treatment, nevertheless as a breakthrough for at least one sexual perversion. This opinion had followers and over the next few years there appeared a few books advocating hypnosis for homosexuals: Albert Moll (1891) Die conträre Sexualempfindung; Albert von Schrenck-Notzing (1892) Die Suggestionstherapie bei krankhaften Erscheinungen des Geschlechtssinnes. Mit besonderer Berücksichtigung der conträren Sexualempfindung and Alfred Fuchs (1899) Therapie der anomalen vita sexualis bei Männern. Mit specieller Berücksichtigung der Suggestivbehandlung; to the books by Moll and Fuchs Krafft-Ebing wrote a preface.<sup>48</sup> By 1899 Krafft-Ebing, who had given the original impetus to such studies, had modified his views and spoke of hypnosis with more caution than his pupils. For example, he said in his preface to the book by Fuchs, who had treated 30 male patients suffering from various complaints related to their sexual life over a period of a few days to a few months<sup>49</sup> in the sanatorium Pukersdorf, near Vienna:

However, I doubt that a cure in the true sense of the word is possible in cases of inborn anomaly. I believe in the power of suggestive habituation but not in the curability of inborn sexual perversion.<sup>50</sup>

This caution also showed in his opinion of therapeutic hypnosis generally (and not only for homosexuals). During the early 1890s hypnosis was advocated by some for conditions such as hysteria and also for more severe psychiatric problems, in particular

psychosis. Krafft-Ebing reacted to these views in an academic paper of 1891 - "Zur Verwerthung der Suggestionstherapie (Hypnose) bei Psychosen und Neurosen" (On the use of hypnosis for psychoses and neuroses) - in which he gave a concise literature survey as well as detailing his own experiences. Emphasising its primary use for neuroses, he contradicted some of the most ardent French exponents of hypnotism such as Voisin, Liébault and Bérillon, who used hypnosis for psychoses (he did however not exclude the possibility that the technique could be used in some such cases).<sup>51</sup> Having played it safe, he lastly claimed that he had treated with more success than one could theoretically expect, cases of "melancholia sine delirio, madness, ... alcoholism and morphinism, ... contrary sexual feelings ... <and> folie de doute".<sup>52</sup> Some of these patients' histories will be discussed below.

His last article discussing hypnotic therapy related to hysterical patients and was published in 1896: "Zur Suggestivbehandlung der Hysteria gravis". Although advocating hypnosis he warned against the generalisation of the astonishing results achieved in some cases. Many cases of hysteria, he said, did not respond at all, not even to "the ingenious method used by Breuer and Freud".<sup>53</sup> He then quoted two of his successful cases of two brothers treated in the Viennese clinic in February 1893 and August 1894 respectively. He stressed that the treatments were successful in spite of the patients having to be treated in the unfavourable conditions of the overcrowded ward housing acute male patients.

If Krafft-Ebing's concern with hypnosis during the late 1880s until the mid-1890s was above all a therapeutic one, there is one

noteworthy exception: the case of Miss PiegI. Unlike the cases which had followed his meeting with Ilma (and which will be summarised below), Miss PiegI was not a patient seeking help, but a kind of a medium and Krafft-Ebing hypnotised her for scientific experiments.

### The case of Miss PiegI

Kl. PiegI, 33 years old (in 1893) had been "discovered" as a hypnotic subject by a lay-hypnotiser called Mr von B. who started to hypnotise her regularly in 1883. Krafft-Ebing got to know her towards the end of 1889 and hypnotised her twice for experiments. He met her again - in the presence of Mr von B. and some other people - in 1893, and hypnotised her himself after witnessing Mr von B's hypnosis of Miss PiegI. These sessions took place on 10 February 1893, were repeated on 12 March 1893 and were again repeated by Krafft-Ebing in front of his society (the *Verein für Psychiatrie und Neurologie in Wien*) on 13 June 1893, when he was the main hypnotist. They were also published as Hypnotische Experimente, 1893.

A reporter who attended this meeting brought the case to the notice of the larger public and Krafft-Ebing was subsequently attacked in the press. Amongst others Benedikt, his rival colleague, wrote a feature for the daily Neues Wiener Tagblatt (17 June 1893).

This statement was read by Miss PiegI who then offered to again subject herself to hypnotic experiments in order to help Krafft-Ebing save his reputation and to further scientific knowledge. The "patient"

also wanted to justify her own reputation since Benedikt had accused her of being hysterical and a medium. Krafft-Ebing felt obliged to take up this offer, although he had already closed the case, and repeated his experiments in a long, 4 hour session, in the presence of 28 doctors (and Mr von B.) in the auditorium of the clinic on 30 June 1893.<sup>54</sup> This session was then published in the 2nd edition of Hypnotische Experimente, which appeared also in 1893, shortly after the first.<sup>55</sup> It also related Krafft-Ebing's version of the background story and his attack by Benedikt, who later retaliated with a highly personal polemic presenting a "psychological formula of Krafft-Ebing".<sup>56</sup>

The object of the sessions was to "reproduce earlier stages of the Ego (*Ich*) in the patient, by suggesting to the patient that she was 7 years old, then 15, then 19 then 33 ( her real age)". Krafft-Ebing used these experiments to explore whether the suggestion of different ages was comparable to an "ideal role" given under hypnosis (like suggesting someone was an animal) or whether there was a "real reproduction of a former stage of life, that had subsequently become latent in the conscious mental life of the individual".<sup>57</sup> He obviously responded to his critics when he emphasised that he had merely added new proofs for claims made by others (such as Bernheim, Forel and Richet)<sup>58</sup> and that his enterprise was far from occult:

This is a psychological <Krafft-Ebing's stress> proof that it is possible to bring back to life former Ego personalities in a suggestive way through hypnosis. This interesting psychological fact does not, however, prove the existence of occultism or spiritism.<sup>59</sup>

The historical relevance of these experiments is that they say something about Krafft-Ebing's hypnotic and psychodynamic models. Unlike Charcot, who saw susceptibility to hypnosis as a proof for neurosis, he believed that healthy people - he emphasised that Miss Piegler was healthy - could be hypnotised. He also implied different layers of the psyche when he spoke of former Ego personalities coming back to life in hypnosis. His psychological model will become clearer when we explore some of his therapeutic cases. These case histories demonstrate the types of patient and the problems Krafft-Ebing encountered in his practice. The patients he treated with hypnosis were, of course, only part of his clientele and not representative. The chapter on Graz has already described more typical patients and indicated statistically those illnesses which were important in his daily practice. However, colourful patients such as Ilma and those described below played an important part in his professional life.

### **Case histories of Krafft-Ebing's therapeutic patients**

C.R.: treated in autumn 1885<sup>60</sup>

As far as we know the first patient Krafft-Ebing hypnotised (or at least published on) was a 26 year old Hungarian woman called C. R., who became the object of his first single case study published in 1886. C. R., diagnosed as a case of paranoia, was hospitalised in Krafft-Ebing's clinic at Graz from 13 August until 16 September 1885. The case is of interest because Krafft-Ebing used hypnosis differently on her than later on Ilma, although the two women were

very similar: they both had a Hungarian background, were homosexual and lived unusual lives in which long periods were spent dressing up as men.

Dressing up as a man and leading a man's life, incidently, was at the time not a rare social phenomenon - Krafft-Ebing came across several such cases. Count S., or Sandor, known to the newspapers as "the countess in men's clothes" was probably the most famous of those cases in which he was involved as a forensic expert. Count Sandor was a woman who attracted much publicity in 1889, after she had been taken to court by her father-in-law, a Baron V., because, disguised as a man, she had married his daughter in spring 1889.<sup>61</sup>

C. R.'s life story, partly confirmed by police documents and partly told by the patient, was, if anything, even wilder than that of Ilma. Krafft-Ebing eventually found himself believing those parts of the story that were documented in the files (including her five-months-disguise as a man and subsequent arrest by the police in Switzerland in February 1885). By contrast he did not believe the patient's claims that she was in reality not the natural daughter of a modest couple of wine-growers, but of a king, who had been in contact with her over the last nine years by sending her regular letters and messengers. Acting according to these instructions, she had, for example, changed her jobs as a nanny on several occasions and had told her employers of her "true" origin. Some of these employers believed her, relieving her of the burden of looking after the children and allowing her to live the life of a true princess, awaiting the day when all would be revealed and they would be



paid back generously for their expenses. Krafft-Ebing judged the patient's conviction of her noble birth as based on delirious experiences (as opposed to a wilful lie) and therefore arrived at his diagnosis of paranoia.

Krafft-Ebing hypnotised C. R. on several occasions, but he described these sessions only in summary. He successfully experimented by suggesting under hypnosis that he was the patient's royal father leading her through the picture gallery in his castle. He also used hypnosis as a tool to find out the truth, by trying to clarify certain very dubious points about the receipt of these royal letters delivered by the messenger. The patient, however, remained consistent in her claims, which Krafft-Ebing already saw as paranoid. He lastly, and rather cunningly, tried to establish under hypnosis whether her feelings were truly of a homosexual nature by offering her the hands of several princes - all of whom she declined with the remark that she was not interested in marriage. In other words, Krafft-Ebing here used hypnosis for diagnostic and forensic purposes but not as a therapeutic tool.

Dr. phil. L.; treated in spring 1888: <sup>62</sup>

This 34 year old German man consulted Krafft-Ebing in spring 1888 with a request for hypnotic treatment to cure his homosexuality. After taking a careful history Krafft-Ebing told him that there was little hope since he saw his homosexuality as inborn and therapy-resistant. The patient insisted that he should be hypnotised and Krafft-Ebing agreed to do so "out of pity and for scientific interest". He gave the following suggestion which was repeated by the

patient under hypnosis: "I feel that from now I am sexually indifferent towards men; that men leave me as cold sexually as women do".

Krafft-Ebing used 8 sessions over a period of 2 weeks with the result that the patient felt himself cured.

M.Z.; treated in June 1888 and February 1892.<sup>63</sup>

M.Z. was another young Hungarian woman, 19 years old. She suffered from what was diagnosed as Hysteria gravis, for among many other symptoms she had fits and a heminaesthesia. After her first consultation with Krafft-Ebing, he admitted her to his clinic for nervous disorders in Graz on 10 July 1888. There he hypnotised her for therapeutic purposes with partial success. Some of her symptoms got better, others stayed the same, in particular a pain over the site of the left ovary (the classical hysterical spot). In addition to hypnotising her, he also applied electricity locally against her pareses, and finally, since he decided that hypnosis did not help sufficiently, he thought that the pain over the left ovary with contraction of the left leg had an organic cause.<sup>64</sup> He therefore sent her to a gynaecologist for an oophorectomy which was performed on 4 July 1889. She subsequently regained her health and was discharged but then came back to Krafft-Ebing in February 1892 with the same pain, demanding hypnosis. This was given reluctantly and proved to be useless. The second oophorectomy was performed on 27 February 1892 in spite of the ovary looking totally healthy at operation. The result was that the patient underwent an early menopause with the usual symptoms and then recovered fully and lastingly. She stayed in touch with Krafft-Ebing and wrote in a letter in summer 1897 that she felt 100% cured and

well. A year later, in June 1898, she had to return for treatment, but this time the diagnosis was a stomach ulcer and Krafft-Ebing stated that there was no sign of a hysterical neurosis. His medical conclusion was to advocate oophorectomy in certain cases.

Mr von X; treated in December 1888:<sup>65</sup>

A 25 year old landowner, a "soft, *blasé* fellow, and ne'er-do-well. He lies abed mornings and can scarcely be made to rise before noon". This patient did not come of his own accord, but was sent by his family, who was worried about his homosexuality and generally undesirable behaviour. Krafft-Ebing was rather doubtful whether hypnosis would help since the man had already been hypnotised by the famous lay-hypnotiser Hansen without result. However, the patient's sexual history showed that there were "rudiments of heterosexual feelings" for example, when at the age of 19 he was first taken to a brothel by friends, he had intercourse with a woman although he enjoyed this less than with a man. Krafft-Ebing therefore gave a series of bi-weekly hypnotic sessions lasting from 12 December 1888 to 16 March 1889. Hypnotic treatment was combined with hydrotherapy and *traitement moral*. The hypnotic sessions consisted of three suggestions given each time: 1) I detest masturbation because it makes one ill and miserable. 2) I no longer desire men for the love towards men is against religion, against nature and against the law. 3) I desire women because a woman is lovable and desirable and made for man.

This combined treatment resulted in cure, in that the patient started to pay attention to women. He then developed a "crush" on a

famous singer who came to the town and a few days later asked for the address of a brothel.<sup>66</sup>

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Mr. X, 29 year old homosexual merchant; treated in December 1889/ January 1890<sup>67</sup>

This patient, in whose family there were no signs of nervous diseases, was diagnosed as having acquired his homosexuality through masturbation. He sought Krafft-Ebing's help because he wanted to get married to a girl he had met in order to normalise his sexual life. He was, however, afraid of impotence and his lack of resistance against homosexual activities and masturbation. His treatment consisted of a combination of physical measures (lukewarm baths, "extr. Secal. cornut. aquos 0.5" "antipyrin 1.0 pro die", "pot. brom. 4.0 in the evening") and moral therapy, promising the patient a happy future provided he resisted masturbation and redirected his sexual feelings away from men towards women. On 13 December 1889 (apparently a few days after the first consultation) the patient consulted Krafft-Ebing again in a confused mental state, complaining that he was unable to resist masturbation and asking for help. Krafft-Ebing applied hypnosis and gave the following suggestions: 1) I cannot, do not want to and shall not masturbate again. 2) I detest the love for my own sex and shall never again think men handsome. 3) I shall and will become well again, fall in love with a virtuous woman, be happy and make her happy. At the eighth session "complete virility" was added to the above suggestions.

After 11 hypnotic sessions the patient felt cured. He wished to terminate treatment, felt well and potent and wanted to go home to get married. The therapy stopped in early January 1890; in March the patient wrote that on several occasions he had to use all his moral strength to overcome his bad habit, but he had also had heterosexual intercourse several times and he was looking calmly on his happy future.

### **The reception of Krafft-Ebing's ideas**

Krafft-Ebing's work on hypnotism led to different reactions amongst his colleagues. His hypnotic treatment of homosexuals not only strengthened his own model of sexual psychopathology but also influenced others, as has been shown. In keeping with this, his Ilma case was well recognised by some. The monograph was re-edited and enlarged in 3 editions (1888, 1889 and 1893)<sup>68</sup> and translated into Swedish (1888), Russian (in or before 1889), English (1889) and Italian (1893).<sup>69</sup> Some of the reviews which appeared were flattering such as the one by Fraenkel in the Allgemeine Zeitschrift für Psychiatrie, who discussed the book's first edition in 1888 in his general comments on the field of hypnotism stating that

...the belief in hypnotism had been shaken ....., but that two books were designed to reinstate that faith, Hack Tuke's book and Krafft-Ebing's An Experimental Study in the Domain of Hypnotism.<sup>70</sup>

Other reviewers were more hesitant, for example, Minde, who, in a report on the book's third edition of 1893 for Friedreichs Blätter, said that it had attracted its enemies from many sides but that it was a

book which one had to take notice of.<sup>71</sup> This more reserved opinion, can be partly explained by the nature of the journal which was a forensic-medical journal unlikely to endorse still-controversial subjects such as hypnotism.

The main criticism against Krafft-Ebing was undoubtedly the discussion surrounding Miss Piegler in 1893, in which Benedikt was leading the public attack. In addition to Benedikt the famous surgeon Billroth severely criticised Krafft-Ebing for hypnotising at social gatherings for entertainment. We know that Krafft-Ebing hypnotised at a soirée given by the wife of Professor Zuckerkandl, possibly on other occasions, too.<sup>72</sup>

Whilst Krafft-Ebing acquired a reputation as a kind of stage-hypnotist with some, he was publishing stern, professional opinions on lay-hypnotists and distinguishing himself from them. Two reports of 1896 expressed a highly conservative attitude.<sup>73</sup>

The first concerned a spiritistic circle active in Austria in autumn 1895: the society was run by a lay-hypnotiser and had been sued by the husband of one of its participants who felt that his wife, who had attended the sessions in the hope of being cured of sleeplessness, had increasingly felt persecuted by the magnet and was diagnosed as paranoid by the psychiatrists. Krafft-Ebing referred to a similar report of 1883 by Professor Schlager and gave the verdict that the activity of this society should be forbidden because it was a danger to health. The second report considered the conditions under which the application of hypnosis should be legally ordered. Krafft-Ebing argued for a strengthened medical use of hypnosis: he wrote that the 1845 legislation (the last legislation

on hypnotism in Austria) should continue to forbid lay-people to practice it. The current legislation should however be altered in the paragraph demanding that medical hypnosis be controlled by the state. This rule was designed to prevent the misuse of patients for illegal purposes (for example, suggesting that the patient should commit crimes) as well as preventing a criminal doctor from sexually abusing his female patients under hypnosis. Krafft-Ebing stated that the first type of misuse had so far never occurred (through a doctor) and was unlikely; the fact that some ruthless doctors had raped their patients under hypnosis could not be avoided by further legislation since that danger was inherent in patient-doctor relationships. Krafft-Ebing therefore argued that doctors should be given the full freedom to apply hypnosis as they wished.

## **Conclusion**

Of all Krafft-Ebing's work, his publications on hypnotism allow us best to get to know him as a practising psychiatrist and understand his clinical style. In spite of the sheer amount of published work, he was not a professional writer - on the contrary he spent the greater part of his time in direct contact with patients. However, he underreported those parts of his working day spent in therapy and we are in danger of underestimating it. This links up with the unspecific nature of his therapeutic methods, which lent themselves less to being recorded. The hypnotic cases, which are his most extensive and most detailed, are an exception to this rule. They contain his suggestions - and sometimes complete dialogues

between himself and the patient - reprinted verbatim. These sentences were jotted down at the time by a junior doctor and served as a protocol; they almost certainly appeared unchanged in print. This material represents more direct and emotional text than his academic publications. (It is more like oral history). It provides a fuller picture because he can be observed at work with his patients and his relationships with them can be studied. The cases let us guess at a considerable time and energy investment into therapy that is not obvious from Krafft-Ebing's other work.

The emerging picture is that of a keen and interested hypnotist, investing much time and energy into this therapeutic tool. As a result, he had a good relationship with his patients, often following them up (or receiving letters from them) after the treatment ended. He undoubtedly backed the moral standards of his time, for example in advocating heterosexual behaviour and discouraging homosexual feelings but within this system of Victorian morality, he showed a remarkable open-mindedness and a pragmatic approach. At times he tried hypnosis against his better judgement (when the patient insisted on it), and in other cases he changed to another therapy after hypnosis had failed to work.

Krafft-Ebing generally tried different therapies at any particular time, including physical therapy, *traitement moral* and suggestive-hypnotic treatment. Physical treatment would be either medication, or very often hydrotherapy, or in one case an oophorectomy. Hydrotherapy usually involved lukewarm baths and/or rubbing the whole body with wet linen in the morning. This aimed at strengthening the whole system and was believed to help against



neurasthenia (see for example the treatment suggested to Paul von Mecklenburg in May 1887<sup>74</sup>). *Traitement moral*, as used by Krafft-Ebing, was a rather unspecific term, best explained by "good advice". The tone of the advice was paternalistic, moralistic and common-sensical from the point of view of 19th century society, its standards and ethical rules. For cases of homosexuality it was in Krafft-Ebing's own words:

... advice of an energetic nature <*energische Ratschläge*> directed against masturbation, repression of homosexual feelings and urges, and <instead furthering> the awakening of heterosexual feelings.<sup>75</sup>

Examples of medical advice or *traitement moral* used by Krafft-Ebing for cases of homosexuality included: in the case of a homosexual patient who had fantasies of male boots: "fight homosexual fantasies and boot fantasies";<sup>76</sup> in the case of a homosexual patient, who had managed to marry and have one child, but whose homosexual feelings were on the increase: "resist alcohol and masturbation, keep up sexual intercourse with the frigid wife and if homosexual inclination can not be resisted, limit at least to kissing and hugging";<sup>77</sup> in the case of a homosexual man who has never slept with women, partly for fear of VD: "resist homosexual activity energetically, practise intercourse with ladies, perhaps using a condom" (this clearly meant visiting brothels).<sup>78</sup> The difference between this kind of advice and hypnosis was that it was given when the patient was fully awake, whereas hypnosis was given when the patient was in a more susceptible state.

In addition to showing Krafft-Ebing as a practising psychiatrist, this chapter has also made some points about why he became

interested in hypnosis and how he used the technique specifically. He was a man of many interests, with an open mind and generally Francophile. Ilma was a real find since she was easily hypnotisable and let him know it. These reasons may explain why he became one of the earliest psychiatrists in Austria to investigate hypnotism. In using hypnosis as a therapy for homosexuals, he embarked on a very personal (in view of his interests) and novel project. He found that conditions which had been originally categorised as sexual disorders for forensic purposes, proved amenable to treatment. This must have consolidated his sexual psychopathology - the conditions were more "real" if they could be treated. It also led to a change (a psychologisation) of his model of sexuality.

Lastly, we have seen that Krafft-Ebing's psychodynamic model was one of a psyche containing different levels. His model of a disease like homosexuality is multifactorial. There is the tainted heredity, but then there is also a behavioural aspect; for example, the patient starts masturbating which further weakens him. This weakness is not only physical but also psychological: his will (already weak due to heredity) gets further drained. The will is not a nature-given entity though; as it can be influenced by education - and negatively influenced by bad habits - it can also be influenced by hypnosis. The goal of hypnosis is to strengthen the weak and damaged will of the patient by superimposing the (healthy) will of the therapist.

<sup>1</sup> I have published parts of the material used in this chapter before (especially the case story of Ilma), see Hauser (1988 and 1989).

<sup>2</sup> Schott (ed.). (1985) passim and especially contributions by Hausmann pp 51-67; Siefert pp 174-84 and Schott pp 233-52.

<sup>3</sup> Such lay-hypnotists played a similar role in various countries, see for Italy: Guarnieri (1988a) and (1988b).

<sup>4</sup> For this and the following see Hirschmüller (1978) pp 126-31 (who also quotes Ellenberger and Lesky) and some comments by Sulloway (1979) pp 45; 48-49.

<sup>5</sup> This has been shown with concrete examples for France, see Harrington's convincing and detailed article of the influence of Burq's 1876 studies in metals on Charcot's later (official) views on hypnosis; Harrington (1988). For Austria-Hungary we have to rely so far on more anecdotal evidence such as the example quoted in the text, or the known fact that Moriz Benedikt experimented with hypnosis in Oppolzer's clinic in Vienna as early as 1868, but was warned by Josef Breuer not to do so, since these were "animal-magnetic" experiments. (see Hirschmüller(1978) p 129).

<sup>6</sup> Hirschmüller (1978) p 129.

<sup>7</sup> Reported by Freud in his "Selbstdarstellung", GW Bd 14 p 40, quoted by Hirschmüller (1978) p 130.

<sup>8</sup> The commission consisted of Hofmann, Billroth, Duchek, Bamberger, Heschl, Schlager, Stricker, Leidesdorf, Meynert, Rosenthal, Benedikt, Nowak and Obersteiner.

<sup>9</sup> See for example Harris (1985) and (1989).

<sup>10</sup> Examples of German doctors who studied hypnosis in Nancy are: Moll, Dessoir, Schrenck-Notzing, Freud (as is well known the latter translated Bernheim's book on suggestion into German in 1889). (see Balmer (ed.). (1976-79) vol. XV, p 489 and vol. III, p 1174.

<sup>11</sup> These meetings were reported in several newspapers and journals, for example see: Neurologisches Centralblatt, 1887, (6) p 433 with a report on lectures by Binswanger and Obersteiner for the *Jahressitzung des Vereins deutscher Irrenärzte* at Frankfurt; and: Wiener medizinische Presse, 1887, p 1623 for Moll's lecture at the Berlin Medical Society.

<sup>12</sup> For Moll's lecture of 9 April 1888 at the Berlin Medical Society see Archiv für Psychiatrie (20), 1889, pp 592-95; for his comments to Forel see Forel (1968) p 214.

<sup>13</sup> 1889. (45) p 6\* <sic>.

<sup>14</sup> Review in Annales médico-psychologique, 1890, (11; 2ième série) pp 302-303.

<sup>15</sup> Kraepelin (1983) p 57. We must however remain slightly cautious because Kraepelin was not an impartial observer. He was in awe of Meynert (and impressed by the beauty of his daughter whom he led to the dance-floor) and did not like Krafft-Ebing whom he found dreadfully boring. (The meeting is also mentioned by Lesky (1965) p 399.)

<sup>16</sup> See under Obersteiner (1887).

<sup>17</sup> Obersteiner (1887) p 78.

<sup>18</sup> Lesky (1965) p 399.

<sup>19</sup> Obersteiner (1893) p 44; quoted according to Lesky (1965) pp 388 and 400.

20 Lesky (1965) p 399 spoke of 1880; Hirschmüller in his more recent and detailed work on Breuer (Hirschmüller (1978) p 129) spoke of 1868 as Breuer's first proven contact with hypnotism. This date meant Lasègue's hypnotic test with nervous women - the therapeutic application of hypnotism came later with Benedikt in the mid-1870s (also known to Breuer).

21 The 14 publications referred to are here listed in chronological order in such a way that they can be found with full references in the appendix:

1886: Ein Fall von originärer Paranoia....(37)

1888: Eine experimentelle Studie...

1889: Bemerkungen zur hypnotischen Heilmethode.

1889: Angeborene conträre Sexualempfindung...

1889: Ueber psychosexuales Zwittertum.

1891: Die Suggestion und die Dichtung. DD (9)

1891: Zur Verwerthung...

1893: Hypnotische Experimente.

1894: Gutachten...

1896: Gutachten... spiritistischer Verein...(in Arbeiten 2)

1896: Gutachten... gesetzlicher Regelung... (in Arbeiten 2)

1896: Zur Suggestivbehandlung... (ZH(4) and Arbeiten 2)

1898: Ueber Ecmnesie (in Arbeiten 3)

1899: preface to A. Fuchs: Therapie der anomalen vita sexualis...

22 Harris (1985).

23 Letter of July 1896, see Forel (1968) p 317.

24 Partly based on my two earlier papers on the case Ilma, see first footnote of the chapter.

25 In the Austrian side of today's Budapest.

26 Krafft-Ebing (1889) Eine experimentelle Studie... 2nd ed., p 10n.

27 This obviously refers to 1872, i.e. when Ilma was 14 years of age. It has already been said that it indicates that hypnosis was not an unknown phenomenon in the 1870s.

28 See Jendrassik (1888).

29 The session held at the local medical society on 19 December 1887 certainly lasted 2 hours according to one of the various reports, others can be guessed from the sheer length of the protocol. (in: Centralblatt für Nervenheilkunde, Psychiatrie und gerichtliche Psychologie 1888, (11) p 128.)

30 Meetings at the *Verein der Aerzte in Steiermark, Graz* were held on the 14 November, 12 December and 19 December of 1887, and the 30 January 1888, followed by a discussion on the 13 February 1888, the last meeting without Ilma's presence. These meetings were reported in various journals and newspapers such as the Irrenfreund (I (30) 1888, 41-45; 77-83) or the Wiener medizinische Presse (29) 1888, 231-34 - session of 30 Jan 1888).

31 Krafft-Ebing (1889) Eine experimentelle Studie... 2nd ed., pp 32-36.

32 The meetings of the *Verein der Aerzte der Steiermark* took place either at the society's rooms, Sackstrasse 14, Graz, or in the auditorium of Krafft-Ebing's clinic at the general hospital in Graz; the location is usually stated in the book.

33 Krafft-Ebing (1889) Eine experimentelle Studie... 2nd ed., p 46.

34 *ibid.* p 31.

- 35 *ibid.* p 42.
- 36 *ibid.* p 30.
- 37 *ibid.* p 37.
- 38 *ibid.* p 38.
- 39 Ilma suffered from headaches after the sessions (Krafft-Ebing (1889) Eine experimentelle Studie... 2nd ed. p 27), she hated the hypnotising and was preparing to abscond from the hospital (*ibid.* p 37), she only stayed because she trusted the doctors (*ibid.* p 28). Somewhat contrary to these assertions, Krafft-Ebing wrote that he had never seen a bad effect of hypnosis in her (*ibid.* pp 30-31).
- 40 Krafft-Ebing (1889) Eine experimentelle Studie... 2nd ed., p 31.
- 41 The postcard is kept in the manuscript department of the Österreichische Nationalbibliothek, Vienna under the reference number: Krafft-Ebing, Autograph 213/61-2. See appendix: manuscripts.
- 42 References to Dr Bolyo's reports in: Krafft-Ebing (1889) Eine experimentelle Studie... 2nd ed., p 81.
- 43 I have not been able to consult all the different editions of the Psychopathia sexualis. Ilma certainly appeared in this book as from the 4th edition (1889) pp 76-77.
- 44 Psychopathia sexualis, English Rebman-translation of 1901, p 283.
- 45 Krafft-Ebing (1886) Ein Fall von originärer Paranoia...
- 46 The case was published without a date of the treatment period in Krafft-Ebing (1886) Psychopathia sexualis, p 71. Around the same time as Ilma Krafft-Ebing also treated another male homosexual with good advice only and apparently did not attempt to hypnotise. (Treated between September 1887 until October 1888; case quoted as nr. 142 in Krafft-Ebing (1894) Psychopathia sexualis, facsimilie of the 12th ed. by Alfred Fuchs, pp 271-74).
- 47 The preface of the 5th ed. was dated June 1890.
- 48 See appendix for full bibliography.
- 49 Amongst whom he quoted 12 homosexuals (contrary sexual feeling), 4 sadists and 2 masochists.
- 50 Krafft-Ebing (1899) preface to Fuchs (dated 3 January 1899) ... p 4.
- 51 Krafft-Ebing (1891) Zur Verwerthung... in Arbeiten 2 (1897) p 175.
- Bérillon was seen as going too far by others, e.g. Moll stated critically in 1890 that Bérillon tried to cure epilepsy and mental diseases with hypnosis. (Forel (1968) p 242).
- 52 Krafft-Ebing (1891) Zur Verwerthung... p 176.
- 53 Krafft-Ebing (1897) Arbeiten 2, p 128. See also chapter 4.
- 54 *Ibid.* p 37.
- 55 There exists a review by Grossmann of this edition, which also presents a slightly more neutral version of the dispute between Krafft-Ebing and Benedikt: review in Zeitschrift für Hypnotismus, 1893, (1), pp 68-71.
- 56 Benedikt (1894) pp 74-90.
- 57 Krafft-Ebing (1893) Hypnotische Experimente (2. ed.) p 13.
- 58 Krafft-Ebing himself did not quote any names; these names were given by Grossmann in his review p 70 (see footnote above).

- 59 Krafft-Ebing (1893) Hypnotische Experimente (2. ed.) p 45.
- 60 Krafft-Ebing (1886) *Ein Fall von originärer Paranoia...*
- 61 Krafft-Ebing (1984) Psychopathia sexualis, facsimile of the 12th ed. by Alfred Fuchs, case 173, pp 320-25; alternatively the case can be found in English in the 1901 ed. by Rebman, case 138 on pp 416-27. Krafft-Ebing also quoted several examples from the literature here. Another case whom he treated directly was the case of a 36 year old feminine labourer who claimed to be a man of noble birth and who had got engaged to a young girl. She was admitted to the clinic in Vienna on 5 October 1898 (see *ibid.* pp 317-18).
- 62 Krafft-Ebing (1889) *Angeborene conträre Sexualempfindung...*
- 63 Krafft-Ebing (1898) Arbeiten 3, pp 237-45.
- 64 *Ibid.* p 240
- 65 Krafft-Ebing (1889) *Ueber psychosexuales Zwittertum.* (case pp 60-64).
- 66 *Ibid.* p 63.
- 67 Krafft-Ebing (1984) Psychopathia sexualis, facsimile of the 12th ed. by Alfred Fuchs, case 176 on pp 337-39; alternatively the case can be found in English in the 1901 ed. by Rebman, case 140 on pp 435-39.
- 68 It was interestingly also reprinted in 1982 (in a facsimile of the 1893 edition).
- 69 For full references see appendix.
- 70 Allgemeine Zeitschrift für Psychiatrie, 1890, (46) p 225\* <sic>.
- 71 Friedreichs Blätter (45) 1894, p 230.
- 72 See Szeps (1938) pp 132-33. The evening referred to is not dated but is said to have been after Krafft-Ebing had moved to Vienna (i.e. after 1889). (Also quoted in chapter 2).  
This is the only evidence I have found so far for Krafft-Ebing hypnotising during social occasions, but he probably did so more frequently. Marion Krafft-Ebing, Graz, the granddaughter of Krafft-Ebing, told me spontaneously of other evenings when her grandfather "hypnotised for entertainment". She could not recall any more particulars. (interview of 10.2.1988).
- 73 Krafft-Ebing (1896) *Gutachten über die Berechtigung des spiritistischen Vereines...*
- Krafft-Ebing (1896) *Gutachten des k.k. obersten Sanitätsrathes...*
- 74 See appendix: manuscripts.
- 75 Quote from Krafft-Ebing (1984) Psychopathia sexualis, facsimile of the 12th ed. by Alfred Fuchs, p 337.
- 76 *Ibid.*: case nr. 142, pp 271-74 (quote 274); alternatively the case can be found in English in the 1901 ed. by Rebman, case 115: pp 351-57 (quote p 356).
- 77 *Ibid.* pp 277-278 (quote p 278).
- 78 *Ibid.*: case nr. 141, p 271.

Krafft-Ebing was interested in "neurology" during the whole period of his working life. Although initially he usually referred to himself as a "psychiatrist", this description included much of what would later be included in the discipline of neurology. From the 1880s he described himself publicly as a psychiatrist and neurologist, for example on the title page of the Psychopathia sexualis, the author is given as : *Dr. R. v. Krafft-Ebing, Prof. f. Psychiatrie u.*

*Nervenkrankheiten A.D. K.K. Universität Graz* (Professor of psychiatry and nervous diseases at the Royal and Imperial University of Graz).

*Nervenkrankheiten* had two meanings at the time. "Nerves" were synonymous with the peripheral and central nervous system, but also meant something more abstract, as in patients being "nervous" or suffering from "weak nerves" or neurasthenia. Krafft-Ebing's interest covered both these meanings.

Nervous disorders were for many years at the centre of a power-struggle between medical specialities: the speciality of neurology, newly emerging during those years, claimed "nerves" - in both meanings of the word - as its territory. These territorial disputes between neurology and psychiatry led to attempts on both sides to establish a safe professional identity: neurologists gathered together and founded, for example, a new journal officially designed to exclude psychiatrists.<sup>1</sup> Wilhelm Erb, later called the German Charcot, was seen as the most influential clinical neurologist of his time and was a leading force within this

development. On the other hand, Erb, who publicly disliked psychiatrists, was also a good friend of Krafft-Ebing, whom he had known since their common student days in Heidelberg. Their relationship will also be considered below.

This chapter will attempt to demonstrate that Krafft-Ebing dealt with a wide range of distinctly organic conditions affecting the nervous system. The principal neurological condition at the time was general paralysis (today GPI), a particular kind of dementia, which occurred increasingly frequently in the latter part of the 19th century. General paralysis was a serious, therapy-resistant condition, leading to the death of the patient within three years on average. Starting from mid-century, scholars grew more and more convinced that general paralysis was causally linked to syphilis. Patients afflicted by it fell under the responsibility of psychiatrists and added much to the general problem of overfilled asylums. It is therefore not surprising that Krafft-Ebing, along with many other psychiatrists at the time, took a special interest in this disease. The general paralysis question has here been chosen as the primary example of his neurological interests for two reasons.

First, although Krafft-Ebing's contribution to the research into the aetiology of general paralysis was vital, his role has received little attention from historians. Two exceptions are Charles Singer and E.A. Underwood, whose sole mention of Krafft-Ebing in their book A Short History of Medicine is in this context.<sup>2</sup> Others, although they may make some side remarks on this aspect of his work, do not see it as important.<sup>3</sup> This neglect is not justified given his influence at the time. Second, general paralysis can serve as an excellent



example of Krafft-Ebing's disease model, especially when confronted with the challenge of bacteriology. Bacteriology brought about the most important change in medical thinking in the last decades of the 19th century.

### Krafft-Ebing and "nerves"

Throughout his career, and increasingly as time went on, Krafft-Ebing was interested in the subject of nerves. At the very beginning of his career, in 1869, he set up in private practice as a *Nervenarzt* (specialist for diseases of the nerves) at Baden-Baden. Apart from the fact that this was a move *faute-de-mieux* (there was no attachment to a university available), it also signifies that he had acquired the relevant skills. By that time his professional experience consisted of completed medical studies and five years at Illenau asylum. This obviously gave him the right to call himself a *Nervenarzt*. Being a *Nervenarzt* in that place and at that time meant, judging from his publications, to be concerned with paralyses due to organic and psychological causes and to employ (fashionable) electrotherapy.

Papers based on patients seen in his Baden-Baden practice deal with such topics as hysterical paralyses, paralyses after diphtheria, paralyses of the arms due to pressure after the prolonged use of crutches and *tabes dorsalis* and its cure by means of electrical current.<sup>4</sup>

Over the next years - during which Krafft-Ebing moved into academic psychiatry with his chairs at Strasbourg and then at Graz - he did not publish on such "neurological" conditions. This directly reflects the kind of patients he treated. Thus the only exceptional paper (that is the only paper on a "neurological" topic) was on paralytic madness with which he was, of course, confronted in his asylum Feldhof.<sup>5</sup>

In the mid-1880s then, Krafft-Ebing started to write on the fashionable disease neurasthenia, that is on nerves in a more abstract sense. He gave a first speech in 1884 in Graz, which was published a year later and become a considerable success. He quickly integrated the diagnosis neurasthenia in his forensic work and slightly later in his work on sexual pathology.<sup>6</sup> His interest in neurasthenia was ongoing and he wrote an extensive and scholarly article in 1895.<sup>7</sup>

Neurasthenia or "weak nerves", a functional disorder with no anatomical substrate, had been first described by the American Beard and was subsequently made popular in Germany by Erb, Obersteiner and above all Möbius.<sup>8</sup> Krafft-Ebing was one of the first psychiatrists to promote this new disease in the Germanic countries. We have already seen that his interest in neurasthenia led to the foundation of his private sanatorium Mariagrün.

Parallel to neurasthenic patients, Krafft-Ebing showed a renewed interest in patients with neurological disorders generally - or rather: he managed to create a situation where he could treat such patients. As chapter 3 has shown he had fought for an observation

ward for nervous disorders at his clinic in Graz (1884/85) and this provided him with the most neurologically interesting patients. For example, Ilma, the Hungarian hysterical woman and Krafft-Ebing's first case of hypnotism, was hospitalised there in 1888.

The result was that from the late 1880s the number of Krafft-Ebing's publications on neurological topics increased. The first of these, for example, was a paper on psychic paralyses (1887).<sup>9</sup> This topic was taken up again in much more detail ten years later under the fashionable label hysteria and the most important papers were republished in his "collected work".<sup>10</sup> The title of these "collected works" - Arbeiten aus dem Gesamtgebiet der Psychiatrie und Neuropathologie (work in psychiatry and neuropathology) - was also seen as significant. Not all of Krafft-Ebing's later neurological work needs to be listed here.<sup>11</sup> It ranged from individual case studies on rare diseases of the central nervous system such as "athetosis idiopathica bilateralis" (1889) or "amyotrophic lateral sclerosis" (1893), to more frequent conditions such as multiple sclerosis and poliomyelitis; from lesions of peripheral nerves (e.g. polyneuritis (1893/1896), to tumours (e.g. 1889) and several publications on general paralysis and tabes dorsalis.

It appears that when Krafft-Ebing was elected to Vienna in autumn 1889, he had little neurological patient material, which he deplored deeply (and tried to change). Several lectures held in the first *semester* at Vienna were based on patients he had treated earlier at the clinic in Graz. Later there followed, with one exception,<sup>12</sup> a gap in his Vienna lectures on nervous disorders. They were

resumed in 1893, after which date he lectured and published regularly on the subject.

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In addition to his lectures Krafft-Ebing demonstrated his neurological interests above all in the *Verein*, the society of psychiatrists in Vienna (see chapter 4). In 1894, by which time he had been president of the society for two years, he changed the name to "society of psychiatry and neurology". This change was seen as an important step towards broadening the society's interests - the lectures held at the *Verein* were mainly on neurological and neuropathological topics. In practice it meant that whilst Krafft-Ebing did not dissect brains or stain slides of nervous tissue, he nevertheless spent many hours of his life listening to lectures on neuroanatomy. In his own work he concentrated on clinical aspects as his collected papers show.

### **The psychiatric discipline and its boundaries**

Krafft-Ebing's neurological interests raise the broader question of the definition of "psychiatry". The latter part of the 19th century was characterised by a growing specialisation within medicine into various sub-disciplines.<sup>13</sup> Krafft-Ebing's life time spans much of this period. As a psychiatrist, his work involved problems which would later belong to the disciplines "internal medicine" and "neurology". Thus he was a specialist in the treatment of *typhus abdominalis* (abdominal typhoid; an infectious disease<sup>14</sup>): he had treated 600 soldiers suffering from typhoid during the Franco-Prussian war of 1870/71<sup>15</sup> and, according to Fuchs, his later collaborator in Vienna,

he had therefore become an expert on fever curves.<sup>16</sup> Such fever curves were common on psychiatric wards in the 1890s and are a further indication that neither the patients nor the medical activity of the time is comparable to our psychiatry. Another example is the all-important tuberculosis, the big killer in late 19th century asylums. This again is a disease seen today as belonging to the domain of internal medicine, but at the time psychiatrists would be experts at diagnosing and treating it.

The same applied to neurological problems. All of the above topics treated by Krafft-Ebing were simultaneously (and increasingly as the century moved on) dealt with by the emerging speciality of neurology.

### The emergence of neurology

The debate about neurology as an independent field of medicine had a direct bearing on the definition of psychiatry. Neurology as a medical speciality branched out of internal medicine. Many of Krafft-Ebing's peers were from an internal medical tradition including Wilhelm Erb (1840 - 1921), who saw himself as a disciple of Nicolaus Friedreich, Ernst von Leyden, Heinrich Obersteiner and Benedikt. These physicians called themselves neurologists because they dealt with clinical problems localised in nervous tissue, such as multiple sclerosis, brain tumours, damaged peripheral nerves resulting in paralyses or loss of sensibility, tabes dorsalis (a loss of motor function in the legs) and general paralysis. They treated these disorders with pills, various hydrotherapies and

above all with the all-pervasive electrotherapy. They explored the aetiology of the diseases with clinical methods such as clear descriptions and subsequent statistical analyses of cases as well as with pathological anatomy by performing dissections and looking down microscopes. All this psychiatrists did too.

Psychiatry had achieved a professional identity well before the middle of the century, long before the emergence of neurology. Doctors called themselves "psychiatrists", published in specialist journals and met at conferences.<sup>17</sup> Although a medical discipline in its own right, it was undergoing a fundamental change of identity through the integration of various scientific methods including physiology (von Helmholtz) and pathological anatomy. From the middle of the century the brain, the spinal cord and the nervous system were explored in new ways; these were also the objects of study for the emerging neurologists. This predictably resulted in passionate territorial disputes.

However, not all psychiatrists in the second half of the century were engaged in the same kind of clinical activities, instead there were wide variations in the practical definitions of the field's boundaries. Krafft-Ebing belonged to the group which promoted a type of psychiatry that included neurological topics.

The standard historical model for defining psychiatry in the 19th century (subsequently used by other historians)<sup>18</sup> is Jaspers' dichotomy into university psychiatry versus asylum psychiatry.<sup>19</sup> Germanic psychiatry, the argument goes, can be fruitfully characterised by two opposing schools of thought. The key

distinctions between the two are the categorisation of individuals according to their working places and their scientific outlook. Thus university psychiatrists saw the scientific and anatomical understanding of mental disease, together with university teaching, as the main task of psychiatry. Asylum psychiatrists would try to improve the immediate lot of their patients and be interested in issues such as non-restraint, the question of colonies for mental patients and the legislation relating to lunacy.

Jaspers' model has the advantage of taking into account the external conditions under which psychiatrists worked and it emphasises that different environments affect different scientific concepts. However, it can be criticised because it overdraws a distinction. This probably happened because Jaspers, writing in 1913, felt very critical about Freudian psychoanalysis and made a clear distinction between psychoanalysis with its explanatory pretensions and his own type of psychiatry, which claimed plausibly to describe psychological functioning (another term used by Jaspers was "phenomenological psychology"). He then projected his own clear distinction between two different kinds of psychiatry onto the 19th century.

The reality is more complex: Theodor Meynert (1833 - 1892), for example, is seen as the prototypical university psychiatrist by historians. Indeed his main interests were theoretical and he was far removed from Jaspers' definition of an asylum psychiatrist. A direct protégé of the great Viennese pathologist Carl von Rokitansky (his father-in-law), Meynert was a neuropathologist rather than a clinical psychiatrist, spending his days dissecting the

brains of deceased patients in his laboratory.<sup>20</sup> Comparing these samples anatomically and histologically with brain slices of animals (bats, kangaroos and moles) he built up a sophisticated model of the functioning of the human brain. His anatomical results were impressively rich and advanced and stood the test of time, although their often speculative interpretation, which he saw as based on physiology, did not. When he was put in charge of clinical beds (at Vienna II), he was heavily attacked by the local press who argued that he was not a psychiatrist at all.<sup>21</sup> Such feelings were shared by his colleagues from the faculty. The fact that Meynert was a difficult, conceited and undiplomatic man did not help, but criticism went beyond personal hostility to something more essential: the very definition of psychiatry. Leading psychiatrists at Vienna - such as Schlager, Gauster and Leidesdorf - totally disagreed with Meynert's programme, because they felt it was not a true type of psychiatry. These men were also attached to the University, and were academic teachers in charge of clinical wards rather than directors of asylums. They were much less interested in anatomical research, and engaged in a more clinically-orientated psychiatry focusing on living patients in their wards. Schlager, for example, made his reputation in forensic psychiatry, fighting for many years to reform and modernise legislation in Austria, which he hoped to model on countries more advanced in this respect such as England, Sweden, Holland and Belgium.<sup>22</sup>

The case of Heinrich Obersteiner further demonstrates the oversimplification of the "asylum versus university" model. Obersteiner, who became a good friend of Krafft-Ebing, was the head of the neuro-anatomy department at the University of Vienna.



Together with Krafft-Ebing he was very active at the society of psychiatry and neurology and was present at most Tuesday meetings. He also gave hospitality to the society for many years in his neurological institute. In addition to his primary, anatomical research, he was also involved, in clinical work. He had inherited Ober-Döbling, a very elegant private asylum close to Vienna from his father, and besides his academic work he was the medical director of that institution from 1889. Possibly as a result of his direct involvement with patients he was also interested in the topic of therapeutic hypnotism, and wrote one of the earliest German speaking monographs on the subject.<sup>23</sup> Krafft-Ebing, therefore, was not the only one who saw "nerves" as an integral part of psychiatry.

It appears that during the 1860s when Krafft-Ebing was at the beginning of his career, it was accepted that "nerves" were part of the psychiatrists' domain. How else could he have set up as a *Nervenarzt* after an exclusively psychiatric training? This time was followed by a period of transition during which neurology established its professional identity. Specialist conferences and local groups were convened and specialist journals were founded, followed by the creation of new academic chairs.<sup>24</sup>

Meanwhile Krafft-Ebing had taken up his first chair at Strasbourg and had then moved on to Graz (in 1873). At Graz he at first had little to do with neurological problems. Indeed, it must have seemed to him that circumstances had manoeuvred him into an activity that was much more limited than he had originally thought. As has been shown elsewhere, he was stuck in Feldhof, a provincial asylum, caring exclusively for chronic and psychiatric patients. He found this

frustrating. Where were the more gratifying, more acute cases which he also wanted to treat? At Graz in the 1870s, they were to be found on the wards of the general hospital, being treated by his internal medical colleagues, especially by those who were about to create the discipline of neurology. Krafft-Ebing therefore fought for his own ward in the hospital in order to create the opportunity to use his "neurological" skills. This he achieved in 1884 and thereby managed to escape an uncomfortably narrow psychiatric activity.<sup>25</sup> His neurological publications after 1885 confirm the fact that this is where his interest lay.

This story of a psychiatrist actively fighting for more beds and more patients was, incidently, very typical of the late 19th century. At a time when asylums were overflowing with patients and resources were stretched to the limits, psychiatrists still tried to expand their activities actively in the direction of a more interesting, more acute, kind of work. A parallel example to that of Krafft-Ebing is Kraepelin at Heidelberg (as I have shown elsewhere<sup>26</sup>).

One major influence on Krafft-Ebing was Charcot in Paris. In an international context Jean-Martin Charcot (1825 - 1893) certainly did more than any other psychiatrist towards pushing the boundaries of the discipline into the direction of "nerves". Having set up a flourishing neurological clinic within the walls of the chronic asylum in Paris, the Salpêtrière, Charcot exerted an unrivalled influence. Apart from giving new life to the hysteria concept and turning a formerly disrespected technique - hypnotism - into something professional, Charcot also simply created a novel kind of "psychiatric centre".

Krafft-Ebing's relationship with Charcot seems to have been somewhat ambivalent. On the one hand we know from Schüle that Krafft-Ebing admired Charcot. In fact, Schüle goes so far as to say that "... our neuropathologist <Krafft-Ebing> was for ever pleased to have won the validation of Charcot, which he also experienced personally on the occasion of a visit to Paris".<sup>27</sup> This warm account of their relationship stands in slight contradiction to the fact that Krafft-Ebing hardly ever quoted Charcot in his work.

What is certain is that - whatever Krafft-Ebing's feelings towards Charcot - he indirectly followed in his footsteps on several occasions, particularly in his work on hypnotism,<sup>28</sup> in his late work on hysteria and, more arguably, in the style of his lectures. Krafft-Ebing's late work on hysteria is summarised in a series of papers published in volume 2 of his collected works (Arbeiten 2), 1897, under the heading: on the simulation of organic disease of the nervous system by hysteria. He here dealt with diseases understood to be functional or hysterical, but which looked like organic-neurological problems. These were: hysterical hemiplegia, pseudoparesis spastica, paraplegia hysterica, imitation of multiple sclerosis and imitation of tabes dorsalis. Such topics were at the time still outspokenly French, in Krafft-Ebing's words: "German science has paid little attention to this important question of differential diagnosis".<sup>29</sup> Next to slightly vague references to "French scientists", Krafft-Ebing quoted above all a work of Soques, a collaborator of Charcot's - Études des syndromes hystériques simulateurs (1891) - and stated his intention to add to this.<sup>30</sup> In addition to this main source, Krafft-Ebing quoted other French

authors, several of whom were from the entourage of Charcot: Leval Piquechef, Lecorché and Talamon, Michaut, Pitres, Raymond and Vulpian, Gilles de la Tourette, Higier and Marie.<sup>31</sup> He also mentions Charcot, but the impression is that Charcot gets as little attention as possible.<sup>32</sup>

At least two different explanations are possible for what looks almost like a deliberate avoidance of Charcot: first, Krafft-Ebing may well have been academically justified in omitting Charcot's work. Some of the literature he quoted had been published more recently than Charcot's work. Charcot, after all, had been dead since 1893. Medicine was a fast-moving field and Krafft-Ebing's active interest in hysteria began around 1894 (this is the date of his earlier cases quoted in 1897); quoting the latest literature only may be proof that he was up-to-date on the field.<sup>33</sup>

Second, Krafft-Ebing may indeed have deliberately ignored Charcot regardless of whether or not he secretly admired him. At a time of German supremacy in science, Charcot, who was typically and proudly French, was one of the few to successfully challenge this supremacy (at least in the view of biased German opinion). Although the Germans would make derogatory comments about Charcot's hysterical women,<sup>34</sup> he was simply too important and innovative to be ignored altogether. In the political climate with continuing tensions between the Germans and the French, it may have been unwise to appear too francophile. In other words, there was a much deeper ambivalence in Krafft-Ebing's work and general attitude, which went far beyond his relationship with Charcot. Krafft-Ebing was francophile in the sense that he was deeply influenced

by French science (certainly more so than most of his colleagues). His forensic views were French, his interests in sexual problems, in hypnotism and in hysteria - were all heavily influenced by the French school. He never, however, emphasised his francophile convictions in his work. The overall impression in much of his work is that he quoted the French "faute de mieux". Whenever German names were available, he seems to quote these instead. Since he was admittedly taking up "French subjects" in his work on hysteria, he was obliged to quote French sources. His avoidance of quoting Charcot may have been an act of diplomacy.

### **The problem of general paralysis<sup>35</sup>**

During the second half of the nineteenth century much effort went into establishing the aetiology of syphilis. Related to this more general problem were such questions as the possible relations of syphilis with two other diseases: tabes dorsalis (or spinalis) and general paralysis (today GPI; then also called paralytic madness, dementia paralytica, progressive paralysis or tabes cerebri). By the end of the century both these diseases came to be seen as late manifestations of syphilis. Tabes dorsalis, which was sometimes descriptively called locomotor ataxy, presented as a characteristic muscular weakness of the legs resulting in a highly atactic (unsteady) gait; general paralysis signified a particular kind of dementia in which the patient's general intellectual functioning deteriorated, leading to his death usually within three years.<sup>36</sup> Both these diseases affected patients of middle age - men significantly more frequently than women - and both were rapidly on the

increase. Suspicion arose that they were causally linked to syphilis. At the time syphilis was treated - as indeed it had been for centuries - with mercury preparations.

The search into the aetiology of tabes and general paralysis is a complex story involving researchers in different European countries. As early as 1857 Esmarck and Jessen suggested a possible causal relation of syphilis with general paralysis.<sup>37</sup> Subsequently, in 1863, Eisenmann and Topinard concluded that tabes was probably caused by syphilis. This idea was generally rejected until Fournier published his findings in 1876 on 30 cases of tabes of which 24 had proven syphilis. In Fournier's opinion, tabes was not tertiary syphilis but a post-syphilitic manifestation which he termed parasyphilis (Möbius called it metasyphilis). Fournier's doctrine continued, however, to be met with scepticism, and Westphal, for example, said in 1881 that it was not only not proven, but also not probable that syphilis was the cause of tabes.

Following Fournier, Heinrich Erb in Germany and Sir William Gowers in England began to collect case histories. Erb, who had at first been a critic of Fournier, had by 1878 changed his views to the opposite, after he had collected his first statistical data.<sup>38</sup> Over the next 25 years he collected the biggest statistical evidence - an unrivalled number of 1,100 cases of tabes and 10,000 non-tabetic control cases. Erb became the most ardent supporter of the idea that tabes was a post-syphilitic disease. The debates about the aetiologies of paralysis and tabes, described by Garrison as "one of the more vivid facets of the history of neurology",<sup>39</sup> were finally settled after the discovery of the spirochaetes in syphilitic material

by Schaudinn and Hoffmann in 1905 and by the demonstration of the existence of the same spirochaetes in tabetic patients and in the brain of GPI patients.

The time of primary interest here is the 1890s when the discussion about the causal relationship between general paralysis and syphilis was in full swing. I shall analyse in more detail below how this linked to the medical topic of the day - bacteriology. During those years the majority of the Germanic scientific community, led by Erb, believed that general paralysis was caused by syphilis. This conviction was mainly based on statistical data, but there was no single convincing pathogenetic model. Instead, there were two major unsolved problems and it is not surprising that other experts in the field - in Germany above all Ernst von Leyden, a professor of internal medicine,- continued to argue against the causal relationship of the two diseases.

First, statistical correlations between paralysis and syphilis were far from perfect. Figures of male paralytics known to have previously suffered from syphilis, varied widely between different researchers, fluctuating between 11% and 94%.<sup>40</sup> Krafft-Ebing considered this result not good enough for the claim that paralysis was always based on syphilis. The wide variations in statistical results led to a detailed discussion about technical difficulties in compiling them (such as the fact that histories of syphilis were notoriously unreliable),<sup>41</sup> however, this awareness did not help much if the statistics were to be used as the main argument for the hypothesised link.

Second, paralysis did not fit the model drawn up by bacteriologists for other infectious diseases: there was an as-yet unexplained time-lag of typically 5 to 10 years between past syphilis and the occurrence of paralysis. Even less compatible with any hypothesised germ-model was the fact, that the well established therapy against syphilis - mercury - was completely useless against paralysis.

Characteristically those who defended a correlation between syphilis and paralysis postulated very different pathogenetic models: Mendel assumed that syphilis led to a heightened permeability of the walls of vessels, Strümpell postulated a toxin acting on the brain tissue, whilst Möbius and Fournier constructed a model in which the past syphilitic disease led to an enzyme-like poison, which then produced the symptoms of paralysis several years after the active syphilitic infection had disappeared.

### **Krafft-Ebing's contribution to the general paralysis discussion**

Throughout his career Krafft-Ebing, like many other psychiatrists, had been interested in general paralysis. As early as 1866 he published three papers on the topic: an extended literature review including the history of the disorder, a differential diagnostic study distinguishing general paralysis from other types of paralysis, and an article on forensic aspects of the condition.<sup>42</sup> In 1871 he wrote a paper in which he claimed to be able to cure tabes dorsalis with electrotherapy. He later withdrew this claim and explained it as an



incorrect diagnosis, explaining that two of his four cases had in reality been hysterical.<sup>43</sup> Different aspects of paralysis and tabes dorsalis followed.<sup>44</sup> Three important contributions on general paralysis - written in 1892, 1894 and 1897 - will be selected here to show the development of Krafft-Ebing's thought in more detail.

These can be briefly summarised as follows: His paper of 1892 was entitled: "Zur Differentialdiagnose der Dementia paralytica und der Neurasthenia cerebralis" (The differential diagnosis of dementia paralytica and of neurasthenia cerebralis).<sup>45</sup> It was a detailed symptomatic description of general paralysis in order to differentiate it from another important disease - neurasthenia. Both diseases were on the increase in "modern civilisation" and were seen as of great social significance. Since the clinical (that is, symptomatic) distinction was difficult, Krafft-Ebing stressed a distinction based on aetiology and pointed to a correlation of paralysis with syphilis. In his lengthy paper of 1894 and over the following years, he presented extensive statistics, at first those of other researchers and after 1895 his own. Thus he substantiated with figures his claims about the multiple social factors involved in paralysis.

Lastly, his paper of 1897 must be seen as his most important work on paralysis, both in terms of its influence and the material it presented. This was the paper he read at the international congress of medicine in Moscow and in which he presented an inoculation experiment carried out on some paralytic patients, designed to prove that they had previously suffered from syphilis. This was seen by Krafft-Ebing - and his international audience - as a novel and decisive addition to the debate on paralysis. Krafft-Ebing's

inoculation experiments are historically important for several reasons: they raised ethical problems, they contributed to Krafft-Ebing's reputation and they are illustrative of the disease models used in psychiatry as influenced by bacteriology.

### **The differential diagnosis of paralysis and neurasthenia**

The opening lines of Krafft-Ebing's 1892 paper immediately put the topic into a broader socio-cultural context. Speaking of paralysis and neurasthenia he said:

There exist in our modern civilisation two diseases, which increase more and more from year to year, and which constitute daily pictures of human misery for the medical practitioner.<sup>46</sup>

The article then went on to explore a problem of considerable practical importance, namely that many doctors were unable to distinguish the two diseases at the onset. Both dementia paralytica, the chronic, untreatable and inevitably fatal disease, and neurasthenia, a cluster of functional complaints, initially showed similar symptoms such as headache, loss of concentration and failing memory. The classical neurasthenic patient, of course, was prone to fancy himself as hopelessly ill. Helped by the detailed descriptions of vague symptoms which he read in medical textbooks, he sought out his doctor, convinced that he was dying of paralysis.

According to Krafft-Ebing, this had been one of the most frequent reasons for suicide during the last few years. As an illustration, he

quoted the case of a middle aged man whose wife had been informed by the family doctor that her husband was about to die of dementia paralytica. The wife, a highly neurotic and hysteropathic lady, immediately suffered a severe attack of hysteria, but "the husband was sensible enough not to kill himself on the spot, but rather check out the diagnosis with other doctors".<sup>47</sup> Of course, the patient turned out to be merely neurasthenic and was cured by Krafft-Ebing. This potential confusion directly fed back into the increasing incidence of neurasthenia: the more dementia paralytica cases were diagnosed, the more people were convinced they were suffering from it.

Krafft-Ebing's problem at that time was that he, too, could not distinguish the two conditions in all cases. He was actually convinced that it could not be done because several cases of paralysis "developed out of a cerebrasthenia <neurasthenia>".<sup>48</sup> In his view both diseases had the same occasioning cause (*veranlassende Ursache*), namely "mental exertion, emotional stress etc." The classification into one of the two options, however, depended on the underlying or predisposing conditions (*veranlagende Bedingungen*), "a pathological permeability of the brain vessels". This, in turn, depended on whether or not the brain had previously been "attacked ... by rachitis, alcohol abuse or syphilis".

Accordingly the emphasis was on establishing whether the patient had previously suffered from one of the listed disorders. If so, it enhanced the probability of dementia paralytica and this led to different practical consequences. Of those factors which

predisposed the patient to dementia paralytica, syphilis was singled out as the most important:

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This is particularly true for patients with a history of syphilis; as is well known, those who suffered from syphilis in the past, are disposed towards paralysis 17 to 20 times more frequently than others. Respectively <these patients> are less resistant towards the damaging factors causing paralysis.<sup>49</sup>

Apart from attempting a differential diagnosis on the basis of aetiology, and in spite of having stressed the difficulties, Krafft-Ebing also drew up a long list of clinical features of each. Thus the onset, for example, is often more acute in neurasthenia, which typically follows a traumatic event, and symptoms are often more acute.<sup>50</sup> Lastly there are certain measurable symptoms, in particular the field of vision, which is almost always normal in the neurasthenic patient, but shows some characteristic pathology in the paralytic.

### **Krafft-Ebing's statistics**

Krafft-Ebing's 1892 paper contained only general comments about the dramatic increase in paralysis. In his later work of 1894, however, he used extensive statistical analysis. This scholarly article - a 100 page-chapter ("progressive general paralysis") as a contribution to Nothnagel's multi-volume work on internal medicine - gave a literature overview including details of international statistics from many sources.<sup>51</sup>

Over the next few years Krafft-Ebing continued the collection and analysis of statistical data. In keeping with the opinions of other researchers (above all Erb) he began to see this as the primary method of establishing the aetiology of the disease. At first he used only statistics collected by others and made semi-quantitative statements such as that he had observed rachitis amongst his paralytic patients "frequently".<sup>52</sup> He correlated a multitude of factors with paralysis, of which "civilisation" was seen as one of the more important. Characteristically one of his earlier papers (1895) was entitled: "Ueber die Zunahme der progressiven Paralyse im Hinblick auf die sociologischen Faktoren" (On the increase of progressive paralysis in regard to sociological factors).<sup>53</sup>

Sociological factors were defined as parameters such as social status (he held that "the woman of higher class is immune against paralysis"), place of residence (city or country), profession (Catholic monks rarely contracted paralysis, whereas military officers did) and ethnological differences.<sup>54</sup> The lack of statistical analysis at that time was certainly not due to a lack of patients since by 1894 Krafft-Ebing had seen 2,000 paralytic patients of whom he had admitted 80 male paralytics and 15 female paralytics into his wards in Styria between 1874 and 1875.<sup>55</sup>

His first own figures were those collected by his assistant Josef Adolf Hirschl, to whom he gave the task of examining cases from a statistical-aetiological point of view. Hirschl examined 200 men who had been admitted to Krafft-Ebing's clinic in Vienna during the period of 15 Oct 1894-20 August 1895 and concluded that "progressive paralysis was nothing but a late-form of syphilis".<sup>56</sup>

Krafft-Ebing's most important work on the (syphilitic) aetiology of progressive paralysis was his lecture of 1897.<sup>57</sup> This was given at the XII international congress of medicine, a large and prestigious conference held in Moscow from the 7 to 14 August 1897. His speech was presented in one of the three plenary sessions and not in one of the smaller sessions such as those on psychiatry or neurology, which fact itself is a sign of his international reputation.<sup>58</sup> There is no evidence that he attended other sessions.<sup>59</sup>

Krafft-Ebing's talk on paralysis was one of several contributions to the topic of syphilis. Obersteiner, who spoke on the pathogenesis of tabes, Erb, who spoke on the therapy of tabes, and von Leyden, who spoke on tuberculosis rather than syphilis, participated in the discussion following Obersteiner's talk. This led to a famous controversial discussion with Erb. Von Leyden was at the time the leading German opponent of the idea of a causal link between paralysis or tabes with syphilis. Most other researchers had changed their views, and the new findings, in particular the statistical data, increasingly favoured their views. One of the points von Leyden made was that statistical analysis alone should not serve as a means of establishing causality (particularly since the results were so divergent), an argument difficult to contradict. Erb emphasised the reliability of the statistics and maintained his view that under these circumstances statistical correlation could indeed lead to a causal explanation.

Krafft-Ebing's lecture was in some sense a direct replica of his earlier work: again he put medicine into a broader socio-cultural context. Again he quoted extensive statistical data (his own - or better - Hirschl's, and relevant statistics worldwide). He introduced an important new aspect, however, which became very influential: he presented to the congress the results of an inoculation experiment designed to prove that syphilis was the cause of paralysis. This was not, as he stated publicly, his own experiment, but that of "a scientifically eminent and highly reliable colleague ... who has for the moment chosen to remain anonymous".<sup>60</sup> The man behind the scenes was Hirschl.<sup>61</sup>

The experiment went as follows:

Nine cases of proven general paralysis in advanced stages, but in whom there was no evidence nor history of syphilis, were inoculated with liquid gained from primary syphilitic skin lesions from three patients on the dermatological wards. (The liquid is called *virus* in Krafft-Ebing's text, which at the time meant "poison").<sup>62</sup> The nine patients were watched for more than 180 days during which time no syphilis developed. From this it was concluded that the artificially infected patients did not succumb to syphilis, because they had already had the disease in the past. (It was known that syphilis leaves an immunity).<sup>63</sup> Krafft-Ebing concluded: *no syphilis, no tabes* - a popular short formula.

This experiment was controversial for two reasons: first, it was seen as an important step beyond mere statistical correlation, as it represented a scientific proof to many contemporaries that syphilis was a necessary cause of paralysis.<sup>64</sup>

Second, it produced what Stransky called "unpleasant attention" - it was seen as ethically unjustifiable.<sup>65</sup> After all nine patients (although very ill patients) had deliberately been infected with a very serious disease. Krafft-Ebing was undoubtedly aware of this potential criticism, shown by the fact that he agreed to present Hirschl's experiments whilst protecting the latter's anonymity. More importantly, however, he was aware of similar trials. Thus (in order to prove that inoculation of syphilis worked in patients who had not previously had it), he quoted experiments by a German doctor, who in 1854 and 1855 had vaccinated 11 mentally healthy patients with syphilis. He quoted similar experiments by Gibert, Guyenot and von Bärensprung. All of these patients had fallen ill with syphilis.<sup>66</sup> We can further at least guess (there is no direct proof) that Krafft-Ebing was aware of the controversy surrounding Auzianne-Turenne, (1812 - 1870), a French venereologist, who was the first to promote a syphilis vaccination. In a lively debate in the 1840s to 1870s, Auzianne-Turenne, seen as an eccentric outsider, was involved in a passionate dispute with Ricord, a much more successful and recognised venereologist.<sup>67</sup> In these early inoculation experiments Auzianne-Turenne inoculated several animals and (as became known only after his death) also himself with the liquid of primary syphilitic lesions. The experiments were condemned by the important Académie Impériale de Médecine in 1852, which sealed their fate in France.

Although Krafft-Ebing presented his experiment to the Moscow congress as proof of the syphilitic origin of paralysis, he did not make this his main point. Rather, summing up the aetiology of



paralysis he coined the motto (subsequently widely quoted): syphilisation and civilisation.<sup>68</sup> The term "syphilisation" had two different meanings earlier in the century. It was first used by Baudelaire, who defined it as "infected with syphilis" and, disillusioned with the 1848 revolution, said about himself and his French fellow-men "we have been democratized and syphilized".<sup>69</sup> A decade later, Auzias-Turenne, the French venerologist and first syphilis-vaccinator already mentioned, used the term as "vaccinated against syphilis".<sup>70</sup> Krafft-Ebing apparently returned to the earlier meaning but it is nevertheless noteworthy that he did not fear to invoke associations with the controversial Auzias-Turenne. If his "syphilisation" was most probably borrowed, the "civilisation" was too: Krafft-Ebing had in an earlier text credited Moreau de Tours for having quoted "civilisation" as the cause of paralysis as early as 1850.<sup>71</sup>

The remainder of this chapter will explore Krafft-Ebing's pathogenetic model and the extent to which he had accepted bacteriological methodology.

### **Krafft-Ebing's pathogenetic model**

Krafft-Ebing's inoculation experiment, when properly understood, illustrates perfectly his new, "bacteriological" disease model. For this the experiment, which looks very "modern", must be both analysed in more detail and considered in the context of the lecture as a whole. The modern reader may be puzzled that Krafft-Ebing, at the same time as presenting the experiment, also spent several

pages of his Moscow paper listing the same cultural factors he had been emphasising in his earlier work. Logically, this does not make sense, since the two models are incompatible; we would expect him either to be in favour of the experimental model or to stay within his more traditional model of disease. We might conclude that Krafft-Ebing did not understand the full impact of his experimental claims and did not see the unsolved contradictions. Alternatively and on closer inspection, we might decide that the experiment as used by him, was not incompatible with the traditional model. It may be, therefore, that Krafft-Ebing's experiment and its conclusions were less "modern" than they look at first sight.

I shall argue for the second possibility and attempt to show that Krafft-Ebing, who was successfully persuaded by an apparently bacteriological model (in the 20th century sense), in reality did something very different. It is likely that he was trying gradually to integrate modern disease models ("bacteriology") into existing models. This was common amongst his peers; there was no "overnight bacteriological revolution".

Krafft-Ebing had grown up with and subscribed to a traditional disease model which was essentially different from the bacteriological one: it was multifactorial (his term) and emphasised the importance of predisposing factors.<sup>72</sup> (Many of his passages are reminiscent of Boerhaave's classical distinction of predisposing and immediate causes.)<sup>73</sup>

Predisposing factors always exist in groups. By contrast the bacteriological model - as Carter, in particular has argued - is virtually defined by its exclusive use of one single necessary cause of a disease. Carter emphasised the kind of cause, i.e. the philosophical distinction between necessary and sufficient causes, and argued in essence that taking the essential step to look for one single necessary cause (and no longer for many sufficient causes) was the real discovery that led to the development of bacteriology. It was taken up by Semmelweis, "father of child-bed fever" (and Carter's hero), but was misunderstood to a surprising degree by some of those who backed up his ideas in their practical application (increase in hygiene in delivery wards). Semmelweis' work in the early 1850s was, in Carter's opinion, a direct precursor to the work of bacteriologists in the 1870s, because he had already grasped the logic inherent in the germ-model.<sup>74</sup>

The distinction between necessary and sufficient causes does not play a major role in Krafft-Ebing's texts. Rather his concern seems to be simultaneously about two logical models: the distinction

between necessary and sufficient causes and the distinction between predisposing and immediate causes.

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Krafft-Ebing's opening paragraph to the relevant chapter in his textbook of 1879/80 emphasises the importance of a knowledge of the causes of a disease and argues that we should construct a chain of causes by linking the multiple factors in sequence.

Characteristically, given his view of medicine as an art rather than as a science, he invoked the help of experience and instinctive induction:

<The difficulties in research> are primarily due to the fact that as a rule there exists a multitude of causal factors acting together and resulting in madness. Since the pathogenesis remains unclear, it takes great experience to find those factors and especially to assess their individual value. The attempt to construct the chain of causes at times approximates to an instinctive induction.<sup>75</sup>

Of this chain of causes he said further:

It happens only too frequently that lay people or inexperienced doctors mistake the last (albeit decisive) cause in the causal chain for the only one, thus ignoring all factors which are more remote and less obvious. A loss in business, a fright, unhappy love and the like, are then said to have caused the illness, whilst a truly thorough exploration <*wissenschaftliche Untersuchung*> finds heredity, weakening diseases and others more, which provided the basis on which the last, cited cause could act and from which the catastrophe resulted.<sup>76</sup>

This truly thorough (or *wissenschaftliche*) examination, is, in other words, that examination which goes beyond causes such as loss of money or unhappy love, and instead explores causes such as heredity and diseases which weaken the individual. The first, of course, belong into the category of occasioning causes; the second

into the category of predisposing causes. This becomes even clearer a page later (the stress is Krafft-Ebing's):

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The causal factors can provisionally be classified into two big groups: predisposing, or exposing (Hagen) causes and <those which are> accessory, exciting, occasioning, often acting by chance. However, a sharp distinction cannot always be made, insofar as a predisposing cause (abnormal brain organisation by heredity, false education etc.) can at the same time also result in an occasioning cause by leading to emotions, passions and life situations, which result in the final eruption of madness.

General experience has it that the predisposing causes have much more weight than the occasioning ones, in fact, that they are often sufficient by themselves in leading to madness.<sup>77</sup>

Thus Krafft-Ebing distinguished between two types of causes, predisposing causes and accessory causes. (In spite of using Hagen's term "exposing" he would rarely employ this term in the rest of his work.) There is a temporal element inasmuch as the secondary, accessory cause is juxtaposed with the more basic, predisposing cause; the latter occurs earlier and "sets the stage" (to borrow Lester King's expression).<sup>78</sup>

The final sentence of the above quote is perhaps surprising: Krafft-Ebing not only saw predisposing causes as more important, but he also stated clearly that they could be sufficient causes; it follows logically from this that accessory causes are not always present. However, in order to explain why someone is healthy one day and falls ill the next, a new element must be added. Krafft-Ebing did not get into logical problems with his model at this stage, because his predisposing causes could be both internal and external. A distinction between internal and external causes of disease was again traditional. However in Boerhaave's work, for example, a

predisposing cause was strictly internal (such as temperament or a particular 'humour') whilst an accessory cause could be either internal or external.<sup>79</sup> Although many of Krafft-Ebing's predisposing causes were internal (his classical and first example was "pathological heredity") they were not exclusively so. In this way his model differed from that of Boerhaave.

To explain diseases caused by predisposing factors alone, Krafft-Ebing's pathogenetic model can be described as follows: internal predisposing causes acted on the individual and "set the stage" for the disease. Examples from his texts would be "heredity" or "lack of education". Subsequently, new causes were added which finally triggered mental illness. Such factors (all both external and predisposing factors) were: incarceration, particular life-phases (for example old age or climacterium), climate (for example the heat in summer) and civilisation.<sup>80</sup>

This concept may be difficult for us to understand. Superficially his model of psychiatric disease looks similar to a 20th century one, because the "causes" are familiar. However, modern psychiatry understands a stress such as the menopause (or being put into jail) as an exciting (or accessory) cause and never as a predisposing one.

### The nature of Krafft-Ebing's model

The traditional disease model, adopted by Krafft-Ebing, sought to answer the following set of questions: why and how exactly does

one particular individual fall ill? why does it happen at a particular time? and what can be done about it? The main focus was on the individual and not on the specific characteristics of a particular disease (so typical of modern orthodox medicine) and Krafft-Ebing would frequently and characteristically use terms such as the "whole person" or "individual" and "individuality". This was a direct result of his Illenau training and the concept of the "whole person" was borrowed from his first teacher Roller; it was also perpetuated by his friend Schüle. Schüle was also quoted by Krafft-Ebing, when he emphasised the individual in his explanation of the objective of history-taking in his textbook:

The patient's history has to take into account the global mental and physical individuality, for often mental disorder is but the end goal of all earlier conditions of life and development. We are, after all, not dealing with anatomically definable diseases, but with ill individuals! (Schüle).

The whole physical and mental history of development of the patient, the habitual condition of his health, the possible pathological dispositions and earlier diseases, his original character, his development through education, his inclinations, life directions and his fate, the individual reaction against outer influences and traumas - all this must be carefully researched into before one can think of the aetiology of a specific case.<sup>81</sup>

The quote leads to a related point, which again was implied many times by Krafft-Ebing: the very essence of psychiatric knowledge at the time consisted in "understanding the individual in all his aspects". An understanding of the task of a psychiatrist at the time, can be gained by looking at the balance of text in his textbook which was to remain the standard work for many years. The 276 pages of volume 1 "general pathology and therapy of madness" are primarily descriptions of psychological functions (psychological disorders, motoric disorders etc).<sup>82</sup> The psychiatrist, we can

assume, first needed the ability to distinguish different psychological functions and to describe those which were present in the patient. His judgement was based on a thorough knowledge of the categories available, a careful description of clinical symptoms and lastly, a very detailed history of the patient. Further he was expected to explore the possible causes of the illness - the latter section took up 64 pages. The actual therapy or prevention of diseases played a more subordinate role and covered 38 pages only.

We have seen above that the disease was believed to be primarily caused by predisposing causes. They were thus those that could only be discovered by the expert using a truly "scientific" methodology. Krafft-Ebing repeatedly put forth the claim in his forensic work that it was not so easy to judge mental disease in a criminal. It takes more than the mere application of one criterion (or even of several) - it takes the expert knowledge of a professional who is able to balance all the relevant factors and who then produces a synthesis. This expert statement may well look puzzling and surprising to the lay person or the lawyer, Krafft-Ebing said, since it often seemed to contradict common sense. Common sense tends to concentrate on the immediate and most recent cause which Krafft-Ebing implied was merely superficial. Thus the status of psychiatry rested on predisposing causes.

We must also beware of seeing predisposing causes as less approachable by therapy than occasioning causes. For Krafft-Ebing it was the other way round: he felt fatalistic about what he defined as occasioning causes (i.e. psychological and mechanical trauma).



How could one possibly prevent psychological or mechanical trauma? By contrast, syphilis could at least be partially prevented (by the individual who stayed away from prostitutes) and - at least theoretically - negative heredity could be prevented, too, and these were predisposing factors.

For us it is difficult to understand the benefits of a model based on predisposing causes, because the great progress of modern medicine has been in bacteriology and a model centred around a single necessary cause. The shift away from many sufficient causes to the one necessary cause in the last decades of the 19th century led to well-defined research: the discovery of many germs, the reclassification of many diseases and lastly their successful prevention following the discovery of antibiotics. The hierarchy of causes - with the necessary cause as the important one and all others "in a scrapbag called etiology"<sup>83</sup> - has appeared to be the most rewarding course of action. We therefore tend to ignore the unavoidable predisposing causes; and consequently we have lost much of our knowledge about them.<sup>84</sup>

### **Integrating "bacteriology" into the traditional model**

Krafft-Ebing officially and publicly acknowledged bacteriological models of disease. Examples are his defence of laboratory medicine in a public speech on the history of plague in Vienna in 1899.<sup>85</sup> In his work on the paralysis question he was intrigued by the possibility of explaining "a whole series of sociological and clinical facts" if the aetiology of paralysis was understood as

syphilitic.<sup>86</sup> He was equally aware of the possibility of prevention, once the cause of paralysis was known. He spoke of paralysis as an "often avoidable" disease due to its being acquired from an external source, and juxtaposed this to most other psychoses.<sup>87</sup>

Krafft-Ebing's attitude is not surprising given bacteriology's fashionable status in the 1890s. The discoveries of Koch, Pasteur and others in the 1870s resulting in new explanations of diseases, had led to a major shift in medical thinking. Every conceivable condition was suspected to be bacteriological - many successes ensued, but in many this hypothesis proved to be wrong.<sup>88</sup> With hindsight we know that the only psychiatric disease which proved to be a successful target for bacteriological analysis was general paralysis.

Despite Krafft-Ebing subscribing to a bacteriological model, it is doubtful whether he understood the full implications of the search for a "single necessary cause". His statements on this point remain ambivalent and he certainly did not understand "germs" as the single, immediate cause, but as one of several predisposing causes. On the one hand he accepted the model, but at the same time he seemed to step back from its logical implications. After Hirschl's inoculation experiments he merely concluded *no syphilis*, *no tabes*. Significantly, he claimed nowhere that a single track causal relationship was now proven, but used the conditional tense and probabilities:

Whether past syphilis is a "conditio sine qua non" for the development of paralysis, can only be claimed as probable, given the present state of research. The inoculation trials of

my trusted colleague are, however, designed to back up that view.<sup>89</sup>

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I believe that the reason for this extreme caution lies in Krafft-Ebing's inability to grasp the full impact of the bacteriological model. The strength of the model is that it draws up a strict hierarchy of causes with the necessary cause being the most important. Such a logical hierarchy was contrary to Krafft-Ebing's instincts. His entire medical upbringing was based on a model of disease arguing with many predisposing factors and he could not leave his own frame of reference behind. Sensing that this experiment was novel and rather risky, Krafft-Ebing may well have wanted to protect Hirschl, for whom any critical publicity might have meant professional disgrace. Krafft-Ebing was in a better position to take the risk; it was, however, Hirschl's idea and not his own. Could it be that Krafft-Ebing had sufficient vision, scientific intuition and openmindedness to see the value of the bacteriological model, but could not have creative ideas about it because he lacked a deeper understanding? Thus Krafft-Ebing, who successfully persuaded an important audience of his views on bacteriology, and believed in them himself, may not have fundamentally understood them.<sup>90</sup>

His caution about the experimental results is not the main evidence of his misunderstanding. His pathogenetic picture of paralysis (in itself historically interesting) makes it very clear that he regarded syphilis as one of several predisposing factors, rather than as a single immediate cause of paralysis. He postulated that it led to premature ageing, an excessive use of the brain, which then, in turn, was more susceptible to illness when hit by a psychological or mechanical trauma - the immediate cause. Thus he accepted the

possibility of prevention but did not fundamentally change his multifactorial pathogenetic model. What is remarkable is the extent to which he could adapt his model to the new trends in medicine. He was certainly one of those who, at least superficially, promoted the germ model. Deeper analysis suggests, however, that he lastly remained with his old views.

It is perhaps noteworthy in the history of the germ model, that an eminent and seemingly progressive practitioner such as Krafft-Ebing (and possibly many others) did not grasp its logical core. It may be that the germ model of the 1880s and 1890s may have had little in common with the later germ model, in spite of its superficial resemblance. It was based on a different causality.

### **Krafft-Ebing as a cultural critic**

Krafft-Ebing held many of the traditional views so typical of pre-germ medicine. Disease remained a social phenomenon rather than being a natural-scientific entity and the doctor's role was one of potential cultural critic rather than that of a laboratory scientist. Krafft-Ebing used the bacteriological model to reinforce that role. Syphilis had been established as the major cause of the only non-hereditary psychiatric condition of any importance. This fact was enthusiastically taken up by medical moralists. For many years, starting with the neurasthenia boom of the early 1880s, Krafft-Ebing had no doubt that modern civilisation was pathogenetic. This view was based on common sense, clinical impressions and statistics of increasingly frequent illnesses. Now bacteriology appeared to

confirm that established impression and proved that syphilis was a cause of an identifiable psychiatric disorder. Syphilis was, in turn, easily shown as being correlated with "modern society".

Krafft-Ebing's opening lines to the Moscow lecture are typical of his views on the pathogenic nature of modern civilisation:

We find ourselves approaching the end of a century which is unique in the evolution of mankind. None of the previous centuries has achieved as much mental work as this one. This century has initiated progress in all fields of human interests and goals; a progress which in some directions was in fact almost precipitous and has hardly left our contemporaries the necessary space for adaptation and collection to the new social circumstances.....

For everything which we value as civilisation and progress in culture, the human brain of the 19th century has had to achieve an adequate amount of work ..... <this> has significantly damaged the brain of innumerable people and has made it less resistant against influences.<sup>91</sup>

Krafft-Ebing's description of "damaging factors in our time" is long, repetitive and covers well trodden-ground. He first quoted the general move of peasants into big cities where they became factory workers and formed part of a dissatisfied proletariat. Fuelled by their ensuing frustration of life and the increase in work, they had greater demands for leisure, often sought in the form of coffee, tea, nicotine and alcohol. There were also changes in sexual morality. "In big cities, commercial towns and towns with factories", Krafft-Ebing said, "most young men experience it as dishonourable to remain virgins".<sup>92</sup> Many other young men, who previously would have stayed in the country, were increasingly forced to join the military, and sent to bigger towns, where they fell prey to prostitution and acquired syphilis. Prostitution - and with it syphilis - was generally on the increase due to the economic impossibility of early

marriages. These social conditions were seen as ultimately leading to illness. As for the task of the doctor confronted with such problems, the following statement is typical:

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For the doctor and investigator who stands in the midst of such a social and spiritual evolutionary movement, it is of great interest to look closer into those diseases which have an obvious genetic connection with the sociological conditions of the century that is drawing to its close. Besides the so-called neurasthenia, which may be here mentioned as a cultural disease of our century, it is progressive paralysis that deserves to occupy a most central place in this context.<sup>93</sup>

But a merely observant attitude is not enough:

The ultimate goal of all truly thorough *<wissenschaftlich>* research is the recognition of truth. This result may suffice for philosophy. For medicine there follows another, ethical and practical, need, namely to derive from such knowledge a gain for the welfare of fellow-men. Within the field of pathogenesis this is the same as the prophylaxis of those diseases with a recognised aetiology.<sup>94</sup>

In Krafft-Ebing's opinion, many of the above social developments had gone beyond the point of no return. Steam and electricity had been put to multiple uses, there were other amenities of modern life and the clock could not be turned back. In other words, there is in Krafft-Ebing's lecture no "call to nature", no vision of a possible return of the peasants back to their soil. Nor is there hope for the immediate improvement of factory and metropolitan conditions. He offers no practical solutions, but makes somewhat impotent noises coupled with a call for vast and vaguely defined social changes:

Here lies an immense field for the welfare activities of sociologists and philanthropists, for medicine and politics.  
Fight against prostitution and syphilis which results from it; fight against alcohol abuse, which weakens people and undermines morality, willpower and conscience; protection of our youth against everything which is against

purity and virginity, their education to physically strong people, if possible far from the dangers of big cities.....<also> information of young people about the dangers of extramarital sexual intercourse.<sup>95</sup>

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He suggests that medicine's most important role is to prove that paralysis is dependent on syphilis and this should result in people fearing to expose themselves to such a danger. He ended his speech with the hope that "reason, strengthened morality, adequate social and public institutions" would help mankind to fight one of its worst enemies, syphilis, because once syphilis had been acquired there was no prevention of paralysis.<sup>96</sup>

<sup>1</sup> This was the Deutsche Zeitschrift für Nervenheilkunde initiated by Strümpell and Erb in 1891 (see Nonne (1970) pp 76-77).

<sup>2</sup> Second ed. Oxford 1962, p 507.

<sup>3</sup> The contemporary obituaries present the most balanced picture, though, and both Schüle and Fuchs mention Krafft-Ebing's neurological work and the paralysis question. Later secondary work tended to ignore, at least in essence, Krafft-Ebing's neurological contribution. (But Breathnach (1986) p 106, mentioned Krafft-Ebing's inoculation experiments briefly).

<sup>4</sup> Krafft-Ebing (1871) *Zur Erkennung und Behandlung hysterischer Lähmungen*.

Idem (1871) *Ein Beitrag zu den Lähmungen nach Diphtheritis*.

Idem (1871) *Ueber Drucklähmung von Armnerven durch Krückengebrauch*.

Idem (1871) *Ueber Heilung und Heilbarkeit der Tabes dorsalis durch den galvanischen Strom*.

Idem (1872) *Ueber Tabes dorsalis mit finaler Geistesstörung*. (This last paper was, incidently, refuted by Krafft-Ebing in Arbeiten 2 (1897) p 129, after he had changed his views on tabes dorsalis).

<sup>5</sup> Krafft-Ebing (1877) *Zur Kenntniss des paralytischen Irreseins beim weiblichen Geschlecht*.

<sup>6</sup> Krafft-Ebing (1885) *Originärer Schwachsinn; Neurasthenie; impulsive Brandstiftungen*.

Krafft-Ebing (1887) *Ueber Neurasthenia sexualis beim Manne*.

<sup>7</sup> Krafft-Ebing (1895) *Nervosität und neurasthenische Zustände*. See also paragraph on Mariagrün in chapter 3.

<sup>8</sup> See Steiner (1964).

<sup>9</sup> Krafft-Ebing (1887) *Ueber psychische Lähmungen*.

<sup>10</sup> See Arbeiten 2 (1897), under the title: *Ueber Vortäuschung organischer Erkrankungen des Nervensystems durch Hysterie*.

<sup>11</sup> See appendix; the organic/neurological nature of Krafft-Ebing's articles can usually be judged by the title.

<sup>12</sup> And that is a published lecture of 1891 on tabes dorsalis, a condition he could also have met on psychiatric wards.

<sup>13</sup> Eulner (1970) and McClelland (1980); see also Shorter (1992) specifically on psychosomatic medicine (and the question of psychiatry versus neurology in the treatment of such disorders) - the book has unfortunately appeared too late for me to make use of it.

<sup>14</sup> A disease which showed primarily physical symptoms such as high fever and severe diarrhoea a disease which showed primarily physical symptoms such as high fever and severe diarrhoea (whether or not *typhus abdominalis* corresponded exactly to our disease "typhoid" is not the point here since my focus is not on a retrospective diagnosis).

<sup>15</sup> Krafft-Ebing (1871) Beobachtungen und Erfahrungen über Typhus abdominalis...

<sup>16</sup> Fuchs (1902) p 6.

<sup>17</sup> In the German tradition the actual terms psychiatrist and psychiatry (next to "mad-doctor"; *Irrenarzt*) are used certainly as



from the early 1830s. Examples are the *Deutsche Naturforschergesellschaft*, a society which held its first annual meeting in 1822 with a subsection "psychiatry" as from its seventh year of existence, see Pfannenstiel (1958) p 33. The earliest journal was the *Allgemeine Zeitschrift für Psychiatrie...* first published in 1844.

<sup>18</sup> Examples include Ackerknecht, Lesky, Otto Marx, and recently Martin Schrenk. Whilst Schrenk very convincingly attempted to reverse our value-judgements as university psychiatry = progressive and good, and asylum psychiatry = backwards and bad, he did not challenge the usefulness or definition of the model.

<sup>19</sup> See Jaspers' historical introduction to the *Allgemeine Psychopathologie*, first published 1913 (2nd ed. 1920, 4th ed. 1948); on Jaspers, see: Seidler, Eduard, Kindt, Hildeburg and Schaub, Norbert. (1978) Jaspers und Freud. *Sudhoffs Archiv* (62) 37-63.

<sup>20</sup> On Meynert see Schulz (1977), Anton (1924), Lesky (1965) pp 373-81, Stockert-Meynert (1930).

<sup>21</sup> Anon. (1874) *Psychiatrischer Staatsstreich*.

<sup>22</sup> Lesky (1965) p 379.

<sup>23</sup> Obersteiner (1887).

<sup>24</sup> See Eulner (1970) p 281 with a table of relevant dates for the period from 1882 until 1903; and *ibid.* pp 257-82.

<sup>25</sup> See chapter 3.

<sup>26</sup> Hauser (1986) p 20.

<sup>27</sup> Schüle (1903) p 322. We do not know any further details. Schüle's use of the term "neuropathologist" here follows Krafft-Ebing's own use (as in his *Arbeiten...* 1897-99) This is potentially misleading since the term was used by others, such as Obersteiner, to indicate a much more anatomical project. Krafft-Ebing certainly performed brain dissections (quoted in his various textbooks and in different lectures), but his main stress remained on the clinical pictures and not on anatomical research.

<sup>28</sup> We have already seen that in his work on hypnotism Krafft-Ebing subscribed to the Bernheim school which was contrary to the views of Charcot. This is not to say, of course, that he was not influenced by Charcot, and in fact he repeated some of his hypnotic experiments and commented on them critically in his Ilma case of 1888.

<sup>29</sup> Krafft-Ebing (1897) *Arbeiten* 2 p 29.

<sup>30</sup> *Ibid.* pp 29;126.

<sup>31</sup> Krafft-Ebing (1897) *Arbeiten* 2, pp 58; 64 and 126-28;.

<sup>32</sup> *Ibid.* pp 58 and 64. The only work by Charcot which is quoted by name is: *Poliklinische Vorträge*, übersetzt von Kahane, Bd II, p 305 with a case demonstrated by Charcot on 5 March 1889.

<sup>33</sup> This chronological explanation clearly does not apply to Krafft-Ebing's main source Souques, whose work appeared in 1891, but then Souques' claims were possibly more specific than those of Charcot.

<sup>34</sup> See chapter 7.

<sup>35</sup> Based on Garrison (1929) see p 426 for a short summary. Power (1910); Crissey and Parish (1981) *passim* and particularly pp 217-30; Quétel (1990).

36 For a detailed description of the symptoms and the bad prognosis of general paralysis as understood at the time, see Krafft-Ebing's lecture/article of 1889: *Dementia paralytica oder progressive Paralyse*.

37 This and the following based on Power (1910) p 217.

38 Power (1910) pp 4; 6-7; 218.

39 Garrison (1929) p 426.

40 Figures quoted by Krafft-Ebing, who took them from the contemporary literature (Krafft-Ebing (1900) *Die Aetiologie der progressiven Paralyse*. p 189). He was subsequently widely quoted for his compilation of international statistics, especially in his detailed chapter to Nothnagel's handbook (Krafft-Ebing (1894) *Die progressive allgemeine Paralyse* ). The two extremist researchers referred to here were Eickholt with 11% and Regis with 94%; other, better known researchers included: Snell 75%; Garlach 50.5%; Graf 44%; Ascher 34.7% and Fürstner 32%. Oebeke found a distinct difference between social class: higher class: 73.3% and lower class: 16.7%. Hougberg's (Finland) most recent statistics (1875-1892) before Krafft-Ebing's own results of 1895 arrived at 75.7% certain syphilis, 11.2% probable syphilis.

41 Hirschl had had the ingenious idea (Krafft-Ebing's judgement) to test these unsatisfactory results against cases which had undoubtedly had syphilis. Taking the histories of established chronic cases of syphilis in the dermatology wards in Vienna, he found that amongst those patients the positive histories of syphilis were even lower. (see Krafft-Ebing (1900) *Die Aetiologie ...* p 190).

42 See under 1866 in the appendix.

43 See Krafft-Ebing's correction of his earlier work: in *Arbeiten* 2 (1897) p 129. He here reprinted his cases of 1871 under the new label: simulation of tabes dorsalis.

44 On tabes dorsalis in 1872, 1891 and 1898; on general paralysis in 1877, 1889, 1892, 1894, 1895, 1897 and 1900 (i.e. date of publication of the Moscow lecture held in 1897). See appendix.

45 It was part of a collection of lectures and essays dedicated to the 50th anniversary of the Illenau asylum.

46 Krafft-Ebing (1892) *Zur Differentialdiagnose der Dementia paralytica...* p 67.

47 Ibid. p 68.

48 This and the following quotes: *ibid.* p 69.

49 Ibid. p 70.

50 Ibid. pp 70-73.

51 It was praised, amongst others, by Nonne as one of the last monographs on the topic. Nonne (1909) p 301.

52 Krafft-Ebing (1894) *Die allgemeine progressive Paralyse*. p 32.

53 Krafft-Ebing (1895) *Ueber die Zunahme ...*

54 Ibid. p 137-38, and also already in Krafft-Ebing (1894) *Die allgemeine progressive Paralyse*. p 27.

55 Krafft-Ebing (1894) *Die progressive Paralyse*. pp 27-28.

56 Hirschl (1896), quote on pp 532-33. This was the first of several extensive publications by Hirschl. Krafft-Ebing credited Hirschl on several occasions and the relationship was clearly such that Hirschl may have been directed by Krafft-Ebing in this research

(which he acknowledged in his paper) but he then came up with original results surpassing those of Krafft-Ebing.

57 The official report of this congress, held from 7 to 14 August 1897, including Krafft-Ebing's lecture of 10 August, was published by Roth (ed.). (1900). Comptes Rendus du XII Congrès international de médecine vol. 1, pp 183-98. (Krafft-Ebing's contribution was given and published in German). The identical text was also published by Krafft-Ebing in his Arbeiten 2 (1897) (footnoted "a draft" but it is the same text); this was also translated into English in 1900.

58 There were three half-days allocated to the "general section" held on 9, 10 and 1 August. In the first of these Virchow spoke amongst others, in the last Ernst von Leyden. See Roth (1900) vol. 1.

59 At least he is not mentioned in any discussions. It may be that he did not stay during the whole time of the congress; we certainly know that his health at the time was not very good.

60 Roth (1900) vol. 1, pp 191 and 192.

61 Almost certainly given the whole story; as additional evidence also, Erwin Stransky, neurologist and near-contemporary, claimed that much. Stransky (1961) p 236.

62 See older German medical terminology, for example: Guttman (1923), who still gave poison as the first meaning of the word "Virus". ("Virus. Gift, spez. tierisches Gift, Ansteckungsstoff").

63 Roth (1900) vol. 1, p 191.

64 The Englishman D'Arcy Power, who was also an important medical historian and edited a 6 volume work on syphilis, said (Power (1910) vol 4, p 189): "The concordance of this result <Krafft-Ebing's inoculation experiments> with the statistical data of antecedent inherited or acquired syphilis in cases of tabes and general paralysis given in the next chapter, led to the widespread acceptance by neurologists of the views that tabes spinalis (locomotor ataxy) or cerebialis (general paralysis) is essentially of syphilitic origin. *No syphilis, no tabes.*"

65 Stransky (1961) p 236.

66 Krafft-Ebing (1900) *Die Aetiologie der progressiven Paralyse*. p 192.

67 For a full analysis of this debate see: Perrett (1977) especially chapters 4 and 5.

68 Krafft-Ebing (1900) *Die Aetiologie der progressiven Paralyse*. p 197; for the importance of the motto, see Fuchs (1902) p 12 or (1924) p 180.

69 Quoted from Quétel (1990) p 114.

70 Quétel (1990) pp 112-14.

71 Krafft-Ebing (1895) *Ueber die Zunahme der progressiven Paralyse...* p 135.

72 Historians such as K. Codell Carter (see bibliography for several relevant articles) and Lester King have compared the traditional 19th century model and the modern bacteriological thesis. My argument here is much indebted to their work, although not all their points are directly applicable.

73 See King (1978), chapter 9.

74 Carter's view of Semmelweis has been seen as a bit extremist (i.e. as giving too much honour to Semmelweis); see e.g. Edward Shorter in his review of Ignaz Semmelweis. (1983) The etiology, concept and prophylaxis of childbed fever. Madison and London. ed. and introduced by K. Codell Carter. (review in Medical History (28) 1984, p 334.)

Apart from Semmelweis, Carter has also subjected other medical figures to a similar analysis.

75 Ibid. I, p 130.

76 Ibid. I, p 131; *wissenschaftlich* has here been translated by "truly thorough" - the German term is broader than the English "natural-scientific".

77 Krafft-Ebing (1879) Lehrbuch... I, p 132.

78 King (1978) p 224.

79 At least according to King (1978) p 224.

80 All examples by Krafft-Ebing (1879) Lehrbuch... I, pp 133-51.

81 Ibid. I, pp 131-32.

82 Figures here relate to the textbook of 1879, but the ratio had not changed by the 5th edition of the book in 1893.

83 King (1978) p 213

84 Modern germ-theory is, however, a less satisfactory predictor of the fate of an individual than Krafft-Ebing's model of sufficient and predisposing factors: it does not explain why one person gets ill and the other stays healthy when exposed to the same necessary cause. Orthodox medicine has therefore had to modify the simplistic model by introducing virology and immunology. Also the main strength of alternative (or New Age) medicine seems to lie precisely in its emphasis on sufficient and predisposing causes. (See Coward (1989) for an inspiring summary of New Age medical ideas).

85 The speech was held on 17 January and subsequently published; see also chapter 5.

86 Krafft-Ebing (1900) *Die Aetiologie der progressiven Paralyse*. p 192.

87 Ibid. p 195; he also used the term prophylaxis in this context: p 198.

88 Such as in scurvy; this had been explained as a vitamin c deficiency by medicine before the fashion of bacteriology, then underwent a period of bacteriological aetiology, which was subsequently again seen as a false explanation and the original vitamin c deficiency is the model in use today.

89 Ibid. p 195; similar examples on p 192.

90 I do not mean, of course, that he did not know what he was doing, but rather I mean something similar to what Carter has pointed out, i.e. that Semmelweis' contemporaries - wittingly or unwittingly - missed the central point of his argument. (See Carter (1981) p 69).

91 Krafft-Ebing (1900) *Die Aetiologie der progressiven Paralyse*. p 183.

92 Ibid. p 196.

93 Ibid. p 186.

94 Ibid. p 197.

95 Ibid. p 198.



### The resulting picture of Krafft-Ebing

The result of my work is hopefully a more balanced and accurate picture of Krafft-Ebing than the one painted by some historians of sexuality. What emerges is a man who is above all industrious and hard-working and who appears in different professional roles: he was an overworked academic and enthusiastic university teacher. He acted as a diplomatic manager of academic life in the way in which he ran the Viennese society with tolerance and with an active interest in new ideas (such as Freud's "scientific fairy tales"), without ever allowing himself to get carried away by them. He was a prolific writer. He was also a dedicated and idealist doctor frustrated by many time-consuming administrative duties and weighed down by the high numbers of incurable patients on badly equipped wards.

He was a well-balanced thinker. He was descriptive rather than analytic (to use Jaspers' famous categorisation). He was superficial and most of the time stated the obvious. His conclusions therefore have a ring of banality; they strike us as commonsensical and sometimes uninteresting because they do not appear novel. He was not original.

He was more interested in data-collection and its statistical exploitation than in understanding the world through abstract ideas. Schüle, who probably knew him best, always deplored that he did not enjoy reading philosophy and called him *mein ins Reale verliebter Freund* (my friend who is in love with reality). The result was that his work often does not appear as systematic but rather as

a compilation of facts and accumulated literature. It is no accident that one of his main activities was that of a book-reviewer. In his treatment of knowledge he was highly pragmatic. At its most extreme he sometimes published what were little more than clinical note-books (not even written by himself but jotted down by an assistant during clinical ward-rounds). His texts therefore directly reflect clinical reality. Krafft-Ebing himself would undoubtedly have argued that this is what they were meant to be: not for posterity but to be treated as a means to a practical end, that is, to be read, taken on board and then discarded by those medical colleagues who could not attend his ward-rounds personally, or those who wanted to remember them afterwards. Characteristically he made heavy use of case-histories, which often take on a more prominent role than that of merely illustrating theoretical points.

Krafft-Ebing was factual and comes across as dry because he kept his personality out of his writing as much as possible. Maintaining a descriptive style does not mean that he was value-free; his moral judgements simply remained hidden. Unlike many of his contemporaries he never indulged in personal polemic and with the exception of criticising the appallingly insufficient health-system of Styria, he did not use cynicism either. Although proposing distinct arguments and maintaining his own scientific convictions (such as the unjust treatment of homosexuals by the law, the need to treat neurasthenics or the idea that syphilis was at the root of GPI), he did not get emotionally attached to such ideas. He shied away from closing off discussion by superimposing a theoretical framework and strongly disagreed with Meynert on this point.<sup>1</sup>

But one can not help feeling at times that Emil Kraepelin's judgement of Krafft-Ebing as an uninspiring, industrious and very dry Germanic professor hit the nail on the head. (Although Kraepelin's criterion for this judgement - that Krafft-Ebing always met his publisher's deadlines - might not convince everybody). On the other hand there is evidence which conflicts with this view. Especially in his hypnotic studies there emerges a Krafft-Ebing, who is bold and who (together with others) dared to push the boundaries of respectable medicine into a direction formerly the province of charlatanry. The fact that he enjoyed hypnotising on social occasions perhaps goes together with a certain talent for performing generally. To contrast with Kraepelin's view we have Stransky's opinion about Krafft-Ebing's lectures resembling a circus-show. This adds a bit of colour and spice to the general respectability and professorialism. There is further the francophilic Krafft-Ebing, which again seems to confirm that he was not totally made up of the Germanic sense of duty.

There is, of course, the historical problem why Krafft-Ebing took up the topic of sexuality. It is tempting to speculate that he had some vested interest in the topic of sexual perversions (as some later researchers, such as the homosexual Magnus Hirschfeld or Havelock Ellis did). Why did he spend such a large part of his professional life analysing the details of perverted sexual activities? Is there not a certain fascination to be detected in how he collected all his data on the brothel life of his time or on the homosexual communities in Mediterranean countries? Could he have possibly been so naive as not to see how titillating to some of his readers his often inconsistent use of Latin for the boldest and most outspokenly



sexual passages of his case-records was? (Not unlike to Tristram Shandy's use of asterisks, these passages always give sufficient indications to infer the worst). What, in particular, about his public defence of homosexuals? Any would-be-psychologist will at least think of the possibility that Krafft-Ebing was homosexual or a representative of one of the other groups of "perverts" he had so carefully drawn up. This may well be so - but at present there simply is no factual indication that it was the case. For all we know, Krafft-Ebing was a faithful heterosexual Victorian husband and bourgeois family father, whose knowledge of homosexual life and fashionable practices in contemporary brothels was second hand only.

It is unlikely that Krafft-Ebing's choice of topic was made on a personal level and the emphasis of the Psychopathia sexualis backs this up. Primarily he was interested in forensic issues, as has been discussed in detail. His intention was not to "found sexology": his preoccupation with sexuality is a product of his much earlier interest in forensic medicine and the cultural need to eradicate certain forms of deviance. When this original legal enterprise developed into a more psychological and therapeutic direction, he still did not seem to enjoy his daily encounters with eccentric perverts, as Robinson, for example, implied.<sup>2</sup> Rather, he seems to have felt more passionately about getting his scientific references right and quoting the latest literature comprehensively.

At first sight there is no obvious reason for our general lack of historical interest: Krafft-Ebing was an important and influential man at his time, he was moreover professor at Vienna University - a leading centre of medical teaching and the birthplace of psychoanalysis at the very time when he held his chair. It is not even true that he did not "discover" anything, for example he was at the time seen as instrumental in the paralysis debate and he -arguably (there is a priority dispute with Westphal) - "discovered" the concept of obsessional thoughts, defined in much the same way as today.

On a deeper level there are many reasons why Krafft-Ebing has been either truncated or neglected: historians may have seen Krafft-Ebing as the author of one book mainly because of its enormous success, which blinkered them. The book thus took on a life of its own and became independent from its author. This is certainly so for the English-speaking world where the Psychopathia sexualis became an even greater publishing success after Krafft-Ebing's death than during his life-time, whilst for the German-speaking world it was re-edited by Fuchs and Moll, and virtually re-written by Hartwich (see appendix).

The absence of a biography so far could lie with some very real difficulties with the material. I have repeatedly made the point - and substantiated this in the appendix - that Krafft-Ebing was very prolific. Because of these large number of publications it is difficult

to survey the whole of his work. The fact that there are so many pages of text is not, however, the only reason, but the diversity of subjects and Krafft-Ebing's compilatory style are also problems. Much of his work is not a reflection of deep thought, but consists of large collections of other people's thoughts (that is, it is in the form of a handbook). It is therefore not only difficult to find the thread within a broad range of interests, but it is often tedious to extract what is originally Krafft-Ebing.

My intellectual and practical context for Krafft-Ebing's work could potentially be broadened by a cultural and political perspective. Fin-de-siècle Vienna is a topic which has inspired exciting historical studies and although I have partly read this literature and seen it as a background, I have not been able to integrate it into my thesis to the extent to which this might be desirable.<sup>3</sup> As for the possible political context, it must be said that Krafft-Ebing did not belong to the group of politically active doctors in the sense in which Virchow, for example, was political.<sup>4</sup> His political engagement consisted mainly in joining Bertha von Suttner's peace-campaign in the 1890s, which appears to have been a rather vague enterprise and does not allow much conclusion about any political convictions at all.<sup>5</sup> There are no indications that Krafft-Ebing supported a particular party and he did not publish anything which would indicate this. (By contrast, Emil Kraepelin, for example, published a psychiatric personality study of the German chancellor Bismarck and since this amounted to a glorification of Bismarck, it can be taken as a "political statement").<sup>6</sup>

On the other hand, Krafft-Ebing's affiliation with Strasbourg University from 1872 until 1873 certainly lends itself to a more political analysis. Any academic appointment at Strasbourg at that time represents a pro-Germanic, or more precisely, a pro-Prussian statement.<sup>7</sup> In view of this, it is perhaps even more interesting that he was the first professor on the newly appointed Germanic faculty to leave. Moreover, he not only left his chair but also emigrated to Austria for good. There are most probably several reasons why he

left Strasbourg, and the simple fact that his position was extremely modest may well be the most important one. Still, it was seen by some as deserting a national cause. Conquering the Alsace intellectually (and not only territorially) was seen as very important by many Germans, and other professors declined more prestigious jobs elsewhere.

Further there are many questions which I have raised during my work but which have remained unanswered:

It would be interesting to look in more detail into the cases Krafft-Ebing treated. The case-histories in chapter 7 (especially the one of Ilma) provide an insight into how Krafft-Ebing worked therapeutically with individuals, and the statistics of chapter 3 allow us to construct an overall picture of his patients. Still, much more could be done. Krafft-Ebing's works are full of case-histories - his textbook of 1879/80 alone contains 159 cases. Many cases are used in different places throughout his work and sometimes appear slightly changed thus highlighting different points. This certainly reflects the development of Krafft-Ebing's thoughts and could thus serve to deepen our understanding. Given that there already exist detailed studies on case-material, Krafft-Ebing's style could also be compared with that of others, above all Freud.

Another point of interest is Krafft-Ebing's direct literary sources. Wettley, as a proponent of the history of ideas approach, has already looked for the intellectual predecessors of the Psychopathia sexualis. Her work is however characterised by carefully quoting books which may or may not describe similar ideas to Krafft-Ebing's but we do not know whether he had actually read them.<sup>8</sup> On the

other hand she leaves out the books we know he read since he conscientiously quoted them. The number of psychiatric works Krafft-Ebing had digested and integrated into his own publications is impressive, and approaching his texts in that way promised to turn into another thesis.<sup>9</sup>

Lastly I had at one stage tried to analyse in more depth the development of the Psychopathia sexualis, but then decided to abandon this idea in favour of looking at all his work on sexuality chronologically . As emphasised elsewhere, Krafft-Ebing's text is highly pragmatic and for this reason does not merit such a detailed discussion. However, a comparison of the substantial changes in the different editions of that one book would also be a means to demonstrate Krafft-Ebing's shift of thought from a forensic viewpoint to a psychological one. Putting the book centre-stage would also allow to include the history of its influence both in German-speaking and English-speaking countries.

### **Krafft-Ebing as typical for his time**

Because Krafft-Ebing in many senses was not original he can well serve as a window into his time. Looking at the whole range of his interests throws some light on what then constituted psychiatry.

What are today independent medical specialities belonged then to the domain of the psychiatrist and late 19th century psychiatry emphasised organic and neurological conditions to a much higher degree than is done today. In addition Krafft-Ebing's descriptive and pragmatic style appears to be very typical for the state the discipline

was in. Psychiatry was not structured by an accepted theoretical framework. (Meynert's explanatory attempt was criticised as premature by many, not only Krafft-Ebing; brain-anatomy was experienced as a *Hilfswissenschaft* (helping science) and not as part of the discipline; Freud was an outsider). Krafft-Ebing's style may be less of a personal trait, but rather reflect the discipline: psychiatry consisted of an infinite number of case histories and despite all effort no coherent theory had emerged.

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<sup>1</sup> See his "... today's psychiatry can claim to be only a descriptive and not an explanatory science" (Krafft-Ebing (1889) *Die Entwicklung und Bedeutung* ... p 817; also quoted in chapter 5).

<sup>2</sup> See quote in introduction.

<sup>3</sup> Schorske (1980), Schiller (1982); also the vast literature on literary figures such as Otto Weininger (see Sengoopta (1992) and bibliography there and Glaser (1974) for sexual themes in the literary literature).

<sup>4</sup> Ackerknecht (1953).

<sup>5</sup> Krafft-Ebing belonged to the founding committee of the *Österreichische Friedensgesellschaft* and appeared on an official list dated 18 October 1891. See Suttner (1909) p 210.

<sup>6</sup> Kraepelin (1921).

<sup>7</sup> See Craig (1984).

<sup>8</sup> Examples are the already quoted Psychopathia sexualis of 1844 by Henrico Kaan, or the work by Heinrich Hössli: (1836-38). Eros. Die Männerliebe der Griechen. Ihre Beziehungen zur Geschichte, Literatur und Gesetzgebung aller Zeiten, Glarus, St. Gallen (quoted also by Kupferschmid (1987) p 564). There is no indication that Krafft-Ebing knew of this book.

<sup>9</sup> Examples of books Krafft-Ebing had certainly read are Friedländer (1862), Mantegazza (no date, preface 1877) and Ploss (1887).



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Graz, University Archive, Personalakte "Richard von Krafft-Ebing" of Graz University.

Graz, *Magistratsdirektion (Stadtarchiv)*, letter of 20. 4. 1988.

Heidelberg, University Archive, letter of 25. 4. 1988.

Karlsruhe, *Generallandesarchiv*, "Hauptjahresbericht des Bezirksarztes Baden vom Jahre 1869" (manuscript dated 30. 5. 1871)

Marion Krafft-Ebing (granddaughter of Richard von Krafft-Ebing), interview on 10.2.1988 in Graz.

Mannheim, *Stadtarchiv*, "Adressbuch"

---- birthregister for 1840.

---- Nachlass Walter WP 349.

Stransky, Erwin. (1938). *Aus einem Gelehrtenleben um die Zeitenwende*. unpublished manuscript, Institut der Geschichte der Medizin, Wien.

Zurich, *Staatsarchiv des Kantons Zürich*, letter of 22.6.1988.

This list of Krafft-Ebing's works has been compiled using as a starting point the *Werkverzeichnis* given by Fuchs in his 1902 speech of Krafft-Ebing.<sup>1</sup> This list renders 360 titles of published work according to the year of publication. It does not include the re- editions and translations of Krafft-Ebing's works. What has so far been published on Krafft-Ebing, for example in introductory remarks to various editions of the Psychopathia sexualis or in general histories of psychiatry, is usually based on Fuchs.

Krafft-Ebing published in a whole range of journals, some of which are difficult or impossible to obtain outside of German-speaking countries. The references given by Fuchs are often inaccurate, and indeed frequently wrong.

The main mistakes made by Fuchs - who also did not give the pages of articles - are incorrect dates and/or inaccurate titles of journal articles. For example: what is "Pollutionen beim Weibe" Wiener med. Presse 1887 in Fuchs' list, is "Ueber pollutionsartige Vorgänge beim Weibe" and was published in 1888. Similarly "Ueber Eifersuchtswahn beim Manne" Jahrb. f. Psych. Bd X listed under 1889 by Fuchs is indeed published under that title in volume 10 of the given journal but the date is 1892. Articles such as these can still be found reasonably easily but others need more guessing

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<sup>1</sup> Fuchs (1902) pp1-29; list of works pp 16-29. (This medical newspaper is difficult to obtain outside of Austria). There further exists another list of Krafft-Ebing's works, published by Ludwig Eisenberg in 1893 with 157 entries up to that date. This list is probably the precursor of Fuchs' list since it contains some of the same mistakes.



or direct checking. For example: "Geisteskrankheit als Ehescheidungsgrund" Allg. Zeitschr. f. Psych. 1889 (Fuchs) is presumably: "Kritik des Eherechts nach dem Entwurf des bürgerlichen Gesetzbuchs" AZP (45) 1889. A yet more difficult example is the following: For 1884 Fuchs quotes two articles published in the Jahrbücher für Psychiatrie: "Der Fall Nasko" and "Der Fall Magul". These are obviously not the titles of the respective papers. The journal did publish two papers in 1884 though, which are not on the Fuchs list, entitled: "Mordversuch eines Gymnasialschülers an seinem Lehrer. Organische Belastung. Streitige Sinnesverwirrung zur Zeit der That" and "Zwei Fälle von vieljähriger Verkennung geistiger Krankheit (Verfolgungs-Querulantenirrsinn) bei Sträflingen". The male patient who constitutes the case of the first paper is quoted by Krafft-Ebing as Max N. (JP (5) 171). I believe that the full name of this case, omitted in print, was Nasko.<sup>1</sup> Similarly the second case described in Krafft-Ebing's second paper is quoted as Joachim M. (JP (5) 257) and the abbreviation M. might well stand for Magul. Given only Fuchs' reference it is clearly difficult to find the papers.

Lastly, I have not been able to trace all of Fuchs' references and I believe that he may have made mistakes in the sense of overinclusion, too. Under 1885, for example, Fuchs lists "Blöd- und Schwachsinn in foro" as published in Friedreichs Blätter. This article cannot be found in the quoted volume nor in the volumes

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<sup>1</sup> I assume that Fuchs knew the full names of these patients either through direct conversation with Krafft-Ebing or because he most probably had access to the vast collection of cases that Krafft-Ebing possessed privately. This collection is mentioned by Krafft-Ebing in print on repeated occasions and also in his letter to a friend dated 26.4.1894., see appendix: manuscripts.

before or after 1885, it might be a double-quotation to the article also mentioned by Fuchs "Originäre geistige Schwächezustände in foro" which did appear in Friedreichs Blätter that year.

I have therefore taken the trouble to check up Fuchs' list of Krafft-Ebing's publications wherever possible, in order to give a full reference.<sup>1</sup> In addition I have been able to add substantially to the original list, since I discovered new articles by going through the main journals systematically,<sup>2</sup> as well as by following up cross-references by Krafft-Ebing and by contemporary reviewers of his work. The present list has therefore grown considerably: it now comprises about 550 entries compared to the 360 given by Fuchs.<sup>3</sup>

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<sup>1</sup> I have used various libraries on the Continent although often under limiting time conditions. In particular I have worked on this appendix in the university libraries of Basel, Vienna, Berlin, Heidelberg and Freiburg. Probably most useful was the discovery of the extensive so called Obersteiner Bibliothek, located in the Neurologisches Institut, Schwarzspanierstrasse 17, Wien. This library holds a vast amount of off-prints of Krafft-Ebing's works (often with personal dedication to his friend Obersteiner). It also possesses the main 19th century Austrian medical newspapers. I would like to thank again its librarian - Magister Schlögl - who has been exceptionally friendly and helpful. Many journals can be found in libraries in London, above all at the British Museum.

<sup>2</sup> In particular I have covered the following journals completely (i.e. during the whole period of Krafft-Ebing's publishing time, or from the birth of the journal): AN, AZP, FB, JP, WKW.

<sup>3</sup> This is partly due to Fuchs not including re-editions and translations of Krafft-Ebing's works, but partly Fuchs' list is full of other omissions, too. For 1902, for example, Fuchs gives two entries: "Migränepsychosen" JP (21) and "Psychosis menstrualis", Enke, Stuttgart, and one additional one, a contribution to the Festschrift zur Feier... Anstalt Illenau. In addition to these works I have found 7 more publications by Krafft-Ebing for that year. Similarly there are 26 entries on my list for 1889, compared to 8 entries by Fuchs: Fuchs comprises the 11 forensic reports published by Krafft-Ebing in that year into one entry, and also does not quote the different editions of the Psychopathia sexualis individually as I do (2 for 1889). Still there are several publications which could be added.

As for major bibliographical works, the Index medicus, the Surgeon General catalogue, the NUC catalogue and the GV (*Gesamtverzeichnis des deutschsprachigen Schrifttums 1700-1910*) have been consulted.

For the foreign language translations of several of Krafft-Ebing's books I have checked through with positive results the national bibliographies of France, Italy, Hungary, Sweden and Spain.<sup>1</sup> This does not mean that my list of translations is complete, since some of these national bibliographies do not cover the whole of the relevant time period. The latter comment about incompleteness is particularly true also for translations of journal articles by Krafft-Ebing: I have found and included in my list (partly in footnotes) several articles published in the American journal Alienist and Neurologist, which from the 1890s apparently had a heavy bias towards German papers generally (publishing extensively articles by authors such as Carl Wernicke and Paul Julius Moebius). Having discovered the first few translations via references, respectively reviews, in the Jahresbericht über die Leistungen und Fortschritte auf dem Gebiete der Neurologie und Psychiatrie (Berlin; started in 1898), I have - keeping the interests of English-speaking readers in mind - worked my way backwards through the Alienist and Neurologist and I have covered that particular journal for the volumes 1- 25 (1880-1904). However, the same has not been done for all other possible journals for obvious reasons and I want to stress clearly that my list is not complete.

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<sup>1</sup> My thanks for help in translating the Hungarian titles go to Eric Freeman, Wellcome Library, and Peter Sherwood, lecturer in Hungarian, UCL.

The publications have been grouped into three categories:

1) books: titles of books are given in *italics*.

Re-editions and translations of books are included under the year of their publication, as far as they appeared during Krafft-Ebing's lifetime (till 1902), and they are cross-referenced under their first edition: re-editions and translations of books published after 1902 are put under their first edition only. (Appendix 2 lists the many re-editions of the Psychopathia sexualis (1886) up to today).

2) articles (including forensic reports): titles are given in normal print followed by the name of the journal in abbreviated form according to the list below. Example: FB stands for Friedrichs Blätter für gerichtliche Medizin.

3) book reviews by Krafft-Ebing: are quoted as articles, but prefaced with the designation **R** for review.

The list is chronological according to year of publication. Within the same year there are first the books published and then the articles (including reviews) in alphabetical order of journal.

I have excluded from the bibliography the *Autoreferate* (i.e. authorised summaries) of papers given by Krafft-Ebing at various medical societies and reported in the medical press such as: *Ueber die Experimente die im Verein der Aerzte in Steiermark durchgeführt wurden*. This related to Krafft-Ebing's hypnotic experiments with the patient Ilma, conducted at the *Verein der Aerzte in Steiermark*, at Graz, in a sequence of sessions: 14 Nov, 12 Dec, 19 Dec 1887 and 30 Jan 1888 with a discussion on the 13

Feb 1888. These meetings were reported in various journals and newspapers, such as the Irrenfreund (I (30) 1888, 41-45; 77-83), the Wiener medizinische Presse (WMP (29) 1888, 231-34 - session of 30 Jan 1888) or the Österreichische Vereinszeitung (OVZ (11) 159-60 and OVZ (12) 9-12; 34-38; 106-109; 132). (And most probably in more newspapers). Although reports of such meetings have been excluded here, I have made use of them in parts of my thesis and the reports are there given with full reference. For reasons of simplicity I have tried to always use the same Austrian newspapers and journals.

alphabetical list of the journals in which Krafft-Ebing published:

ADS	Allgemeine Deutsche Strafrechtszeitung
AMB	Ärztliche Mitteilungen aus Baden
AN	Alienist and Neurologist
AP	Archiv für Psychiatrie und Nervenkrankheiten
AWZ	Allgemeine Wiener medizinische Zeitung
AZP	Allgemeine Zeitschrift für Psychiatrie
BKW	Berliner klinische Wochenschrift
BSM	Bulletin de la société de médecine
DAKM	Deutsches Archiv für klinische Medizin
DD	Deutsche Dichtung
DK	Deutsche Klinik
DZNK	Deutsche Zeitschrift für Nervenheilkunde
DZS	Deutsche Zeitschrift für Staatsarzneikunde
FB	Friedreichs Blätter für gerichtliche Medizin
G	Gerichtssaal
I	Irrenfreund
ICPP	Internationales Centralblatt für die Physiologie und Pathologie der Harn und Sexualorgane (1889-1893, then new title: Centralblatt für die Krankheiten der Harn und Sexualorgane)
IKR	Internationale klinische Rundschau (1887-94, then integrated into WKR)
JP	Jahrbücher für Psychiatrie und forensische Psychologie (from 1894/95 (13): Jahrbücher für Psychiatrie und Neurologie)
JSZ	Jahrbuch für sexuelle Zwischenstufen

JUGM	Jahresbericht der Unfallheilkunde und gerichtl. Medizin
MBV	Med. bessieda Vidin
MPC	Medical Press and Circular
MVAS	Mitteilungen des Vereines der Aerzte in Steiermark
NFP	Neue Freie Presse
OVZ	Oesterreichische Vereinszeitung
PMW	Prager Medizinische Wochenschrift
PSB	Psychiatrisches Centralblatt (precursor to JP)
TM	Therapeutische Monatshefte
VGOF	Vierteljahrsschrift für die gerichtliche und öffentliche Medicin (changed its title several times: 1852-1871 as quoted; 1872-1921: Vierteljahrsschrift für gerichtliche Medicin und öffentliches Sanitätswesen
WKR	Wiener klinische Rundschau
WKW	Wiener klinische Wochenschrift
WMB	Wiener medizinische Blätter
WMP	Wiener medizinische Presse
Z	Die Zeit
ZGSW	Zeitschrift für die gesammte Strafrechtswissenschaft
ZH	Zeitschrift für Hypnotismus
ZHIK	Zeitschrift für Hygiene und Infektionskrankheiten
ZTEH	Zeitschrift für Therapie mit Einbeziehung der Elektro- und Hydrotherapie.

*Die Sinnesdelirien. Ein Versuch ihrer physio-psychologischen Begründung und klinischen Darstellung.* Heidelberg, Inaugural dissertation. Erlangen (Enke), VIII + 58p.

R: J. Christian: Étude sur la pachyméningite hémorragique, 102p. / AZP (21) 681-84.

Die Sinnestäuschungen und ihre Bedeutung für die gerichtliche Psychologie. FB (15) 243-77.

## 1865

*Die Lehre von der Mania transitoria für Aerzte und Juristen dargestellt.* Erlangen (Enke), 49p.

Ein forensisch falsch beurtheilter Fall von religiösem Wahnsinn. FB (16) 83-109.

## 1866

Ueber die klinische differentielle Diagnose zwischen der durch Periencephalomeningitis diffusa chronica bedingten Dementia paralytica und dem durch andere Gehirnerkrankungen hervorgerufenen Irresein mit Lähmung. AZP (23) 181-210.

R: C. M. Brosius: Psychiatrische Abhandlungen für Aerzte und Studierende 1862-65. AZP (23) 280-81.

Zur Geschichte und Literatur der Dementia paralytica. AZP (23) 627-46.

Ueber die rechtliche Stellung der an Dementia paralytica (Grössenwahnsinn mit Lähmung) Leidenden in den Remissionen ihrer Krankheit. FB (17) 83-92.

R: Bericht über die Leistungen im Gebiete der gerichtlichen Psychiatrie im Jahr 1865. FB (17) 277-301.

Gerichtsärztliches Gutachten über einen nach der Kopfverletzung aufgetretenen Fall von hysterischem Irresein. FB (17) 359-79.



*Beiträge zur Erkennung und richtigen forensischen Beurtheilung krankhafter Gemüthszustände, für Aerzte, Richter und Vertheidiger.* Erlangen (Enke), 74p.<sup>1</sup>

R: Annales médico-psychologiques, Tome X, 1-6, Paris 1864./ AZP (24) 202-207.

R: Morel. Du délire émotif névrose du systeme nerveux ganglionnaire et viscéral. Paris (Asselin) 1866, 48pp./ AZP (24) 373-75.

(Casuistik:) Zur Lehre von der Epilepsia larvata. AZP (24) 464-74.

R: Henri Bonnet: L'aliéné devant lui-même, l'appréciation légale, la législation, les systèmes, la société et la famille. Paris 1866, 540pp./ AZP (24) 477-80.

R: N.W. Drobisch: Die moralische Statistik und die menschliche Willensfreiheit. AZP (24) 613-15.

R: A. Brierre de Boismont: De la folie raisonnante et de l'importance du délire des actes pour le diagnostic et la médecine légale. Paris 1867, 45pp./ AZP (24) 619-20.

Ein Besuch in Gheel vom 27. - 29. Nov. 1866. AZP (24) 665-88.

R: Morel: De l'hérédité progressive ou des types dissemblables et disparates dans la famille. Paris 1867, 51pp./ AZP (24) 777-79.

R: James F. Duncan: The personal responsibility of the Insane. Dublin 1865, 98pp./ AZP (24) 785-87.

R: B. Ingels (Gent): Statistik des "Hospice Guislain" in Gent während der Jahre 1853-1862. Gent 1867, 162pp./ AZP (24) 792-96.

R: Rudolph Meyer: Zur Pathologie des Hirnabszesses. Zürich 1867, 99pp./ AZP (24) 800-802.

R: L. Billotax: Quelques considérations sur la vertige épileptique. Thèse de Strassburg 1867. AZP (24) 805-807.

R: C.M. Brosius: Bendorf-Sayn, Asyl für Gehirn und Nervenkranken. Berlin 1867, 32pp./ AZP (24) 807.

R: Le Grand du Saulle: Étude médico-légale sur la paralysie générale. Gazette des hôpit. Nov 1866./ FB (18) 144-53.

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<sup>1</sup> A probable 2nd edition: 1872.

R: Bericht über die Leistungen im Gebiete der gerichtlichen Psychiatrie im Jahre 1866. FB (18) 190-225.

R: A. Laurent: Étude médico-légale sur la simulation de la folie. Paris 1866, 377pp./ FB (18) 270-82.

Ueber einige Grundirrhümer in der forensischen Beurtheilung Seelengestörter. FB (18) 323-36.

Beiträge zur forensischen Casuistik der Seelenstörungen. VGOF (n.F.7) 49-65.<sup>1</sup>

## 1868

*Die transitorischen Störungen des Selbstbewusstseins. Ein Beitrag zur Lehre vom transitorischen Irresein in klinisch-forensischer Hinsicht für Aerzte, Richter, Staatsanwälte und Vertheidiger.* Erlangen (Enke), VII + 120p.

*Ueber die durch Gehirnerschütterung und Kopfverletzung hervorgerufenen Krankheiten. Eine klinisch-forensische Studie.* Erlangen (Enke), VI + 79p.

R: C. Lombroso di Pavia: La medicina legale delle alienazioni mentali, studiata col metodo sperimentale. 1865, 47pp./ AZP (25) 269.

Zwei Fälle von extremer Steigerung der Eigenwärme bei Geisteskranken. AZP (25) 325-31.

R: Reverchon: De l' hydrothérapie appliquée au traitement des affections mentales. Paris 1866, 58pp./ AZP (25) 361-62.

R: Zabé: Des aliénés incendiaires devant les tribunaux. Thèse de Paris 1867, 52pp./ AZP (25) 622.

R: Petrowitch: De la nostomanie. Thèse de Paris 1866, 44pp./ AZP (25) 524.

Nôte sur la valeur des injections souscutanées d' acétat de morphine. BSM.<sup>2</sup>

R: Solbrig: Verbrechen und Wahnsinn. Ein Beitrag zur Diagnostik zweifelhafter Seelenstörungen für Aerzte, Psychologen und Richter. München 1867, 65pp./ DZS (26) 180-82.

Die Gelüste der Schwangeren und ihre gerichtliche medizinische Bedeutung. FB (19) 52-61.

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<sup>1</sup> The article continues in VGOF (n.F.8) = 1868.

<sup>2</sup> According to the list by Fuchs (1902).

**R:** Bericht über die Leistungen im Gebiete der gerichtlichen Psychiatrie im Jahr 1867. FB (19) 110-51.

399

Die Erbllichkeit der Seelenstörungen und ihre Bedeutung für die forensische Praxis. FB (19) 188-211.

Nach Schlägen auf den Kopf eingetretene epileptische Neurose mit folgender Geistesstörung. Fraglicher Zusammenhang der Krankheit mit der Misshandlung. FB (19) 249-57.

(forensische Casuistik:) Melancholia puerperalis. Erdrosselung des Kindes durch die Mutter. Tod derselben durch Kleinhirntuberculose. FB (19) 456-63.

Beiträge zur forensischen Casuistik der Seelenstörungen (cont.). VGOF (n.F.8) 148-64.

## 1869

Ein Beitrag zur Kenntniss der Heilwirkung des konstanten galvanischen Stromes. AMB (23) 77-80.

(therap. Casuistik:) Willenslähmung der unteren Extremitäten und davon abhängige langjährige Psychose. Heilung der ersteren auf psychischem Wege. Verschwinden der Psychose. AZP (26) 151-53.

(therap. Casuistik:) Sexuelle Verrücktheit. Traitement moral nach Leuret. Dauernde an Genesung grenzende Besserung. AZP (26) 326-28.

Ueber die prognostische Bedeutung der erblichen Anlage im Irresein. AZP (26) 438-56.

(therap. Casuistik:) Mehrjährige Onanie durch Oxyris vermicularis mit folgender Psychose. Beseitigung der Madenwürmchen mittelst Kali picronitrium. Aufhören der Onanie und Genesung der dadurch bedingten Psychose. AZP (26) 556-57.

Ein Fall von Facialislähmung mit differentem Verhalten der gelähmten Muskeln gegen den inducierten und constanten Strom. DAKM (5) 527-29.

Zur allgemeinen Diagnostik der Seelenstörungen in foro. DZS (27) 192-223.

**R:** Dr. Carl Liman: Zweifelhafte Geisteszustände vor Gericht. Gutachten erstattet und für Aerzte und Richter bearbeitet. Berlin 1869, 466pp./ DZS (27) 268-71.

Eine Form des Rausches welche als Manie verläuft. DZS (27) 444-60.

(forensische Casuistik:) Mord der eigenen Kinder. Zweifelhafte Seelenstörung. FB (20) 27-38.

R: Bericht über die Leistungen im Gebiet der gerichtlichen Psychiatrie im Jahr 1868. FB (20) 161-96.

(forensische Casuistik:) Religiöser Wahnsinn. Misshandlung des Ortsgeistlichen. Zweifelhafte Seelenstörung. FB (20) 285-93.

(forensische Casuistik:) a) Melancholischer Wahnsinn. Ermordung eines Mannes aus religiösen Motiven. b) Anklage wegen Mordversuchs. Streitige Zurechnungsfähigkeit. FB (20) 321-46.

Beiträge zur forensischen Casuistik der Seelenstörungen. VGOF (n.F.11) 23-46.

## 1870

Articles "Irrengesetzgebung" and "Wahnsinn und Blödsinn" in Franz von Holtzendorff (ed): *Encyclopädie der Rechtswissenschaft in systematischer und alphabetischer Bearbeitung*. hg unter Mitwirkung vieler namhafter Rechtsgelehrter. 2 Teile, 3 Bd. Leipzig (Duncker u. Humblot). Krafft-Ebing's contributions in part 2 of the work: *Rechtslexikon*.<sup>1</sup>

R: Dr. J.B. Thomson (General Prison Scotland, Perth): Die hereditäre Natur des Verbrechens. 1870./ ADS (10) 268-77.

Ueber Elektrotherapie bei Gelenkleiden. AMB (24) 93-98.

R: L'isterismo nei suoi rapporti colla follia e colla responsabilità. Memorie medico-legali del Dr. Francesco Forlani, Avvocato. Vienna libreria G. Manz. 191pp./ DZS (28) 195-98.

R: L. Ruf: Die Criminaljustiz, ihre Widersprüche und die Zukunft der Strafrechtspflege. Criminalpsychologische Studien. Innsbruck 1870, 123pp./ DZS (28) 396-98.

R: Bericht über die Leistungen im Gebiet der gerichtlichen Psychiatrie im Jahr 1869. FB (21) 81-102.

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<sup>1</sup> For the 2nd ed. of the *Rechtslexikon* (1875), Krafft-Ebing changed and enlarged his article "Irrengesetzgebung", dropped the entry "Wahnsinn und Blödsinn" and added an article with the title: "Unzurechnungsfähigkeit". For the 3rd ed. of the *Rechtslexikon* (1880), Krafft-Ebing dropped the entries mentioned above and added four new entries entitled: "Lucida intervalla", "Aerztliches Explorationsverfahren", "Gerichtsärztliche Gutachten" and "Kunstfehler".

Der Mord der eigenen Kinder. Eine psychologisch-forensische Studie. FB (21) 176-93.

401

(forensische Casuistik:) Diebstähle, verübt von einer periodisch maniakalischen Anfällen unterworfenen Schwachsinnigen. FB (21) 245-52.

Ueber gewisse formale Störungen des Vorstellens und ihren Einfluss auf die Selbstbestimmungsfähigkeit. VGOF (n.F.12) 127-159.<sup>1</sup>

1871

*Beobachtungen und Erfahrungen über Typhus abdominalis während des deutsch-französischen Kriegs 1870/71 in den Lazarethen der Festung Rastatt.* Erlangen (Enke), 62p.

R: Studien über Criminalpsychologie von Dr. Thomson, Arzt der allgemeinen Strafanstalt für Schottland zu Perth. ADS (11) 313-23.

R: Prosper Despine und seine Ideen über Zurechnungsfähigkeit und Behandlung der Verbrecher. 3 Vols, 1868./ ADS (11) 483-97.

R: Grundzüge eines Irrengesetzes, dem Verein der schweizerischen Irrenärzte vorgelegt von Prof. Dr. Brenner. ADS (11) 599-603.

Ein Fall von akuter Leberatrophie. AMB (25) 149-52.

(Casuistik:) Eine "Mutter im Irrenhaus". AZP (27) 570-85.

Zur Erkennung und Behandlung hysterischer Lähmungen. BKW (8) 529-30.

Ueber Muskelvereiterung bei Typhus abdominalis. DAKM (8) 613-15.

Ein Beitrag zu den Lähmungen nach Diphteritis. DAKM (9) 123-25.

Ueber Drucklähmung von Armnerven durch Krückengebrauch. DAKM (9) 125-28.<sup>2</sup>

Ueber Heilung und Heilbarkeit der Tabes dorsalis durch den constanten galvanischen Strom. DAKM (9) 274-82.

Die Lehre von den lucida intervalla. FB (22) 3-11.

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<sup>1</sup> Reprinted in Arbeiten IV (1899).

<sup>2</sup> Reprinted in Arbeiten II (1897).

Ueber simulirte, dissimulirte, vorgeschützte und angeschuldigte Seelenstörungen und deren Ermittlung in foro. FB (22) 161-75.

402

R: Bericht über die Leistungen in der gerichtlichen Psychiatrie im Jahre 1870. FB (22) 241-70.

Die Lehre vom moralischen Wahnsinn und ihre Bedeutung für das Forum. FB (22) 360-84.

Zur Prognose der Geistesstörungen. I (13) 33-43.

Tobsucht aus Anämie. I (13) 49-53.

Zur Lehre von der Mania transitoria. I (13) 186-89.

## 1872

*Beiträge zur Erkennung und forensischen Beurtheilung krankhafter Gemüthszustände.* Erlangen.<sup>1</sup>

*Grundzüge der Criminalpsychologie auf Grundlage des Strafgesetzbuchs des deutschen Reichs für Aerzte und Juristen.* Erlangen (Enke), X + 152p.<sup>2</sup>

R: Neue Gefängnisliteratur. ADS (12) 16-35.

Zur Zurechnungsfrage der im Rausch begangenen strafbaren Handlungen. ADS (12) 104-108.

Winke für den Untersuchungsrichter zur Erkennung etwaiger Geistesstörung Angeschuldigter. ADS (12) 237-43.

Verbrechen und Wahnsinn. Ein Beitrag zur Criminalpsychologie. ADS (12) 354-61.

Beischlaf an Willenlosen, Bewusstlosen und Geisteskranken. ADS (12) 537-40.

(Casuistik:) Ein Fall von Mania transitoria. AZP (28) 119-20.

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<sup>1</sup> Quoted like this in the GV, but nowhere else (and I have so far been unable to locate a copy). This is either a mistake in the GV or probably a second edition of the very similarly entitled publication of 1867.

<sup>2</sup> Second German edition 1882.

French translation 1874.

Italian translation 1886.

Russian translation 1874.

Hungarian translation 1876.

R: William A. Hammond: The Quarterly Journal of psychological medicine and medical jurisprudence. New York. 1969, Vol 1-3./ AZP (28) 132-41; 230-36.

Ueber Tabes dorsalis mit finaler Geistesstörung. AZP (28) 578-90.

Die Zurechnungsfähigkeit der Hysterischen. FB (23) 1-15.

R: Bericht über die Leistungen in der gerichtlichen Psychiatrie im Jahre 1871. FB (23) 126-50.

Mordversuch; Wahnsinn oder Simulation? FB (23) 326-32.

Zur Classification der Psychosen. I (14) 129-37.

### 1873

*Die zweifelhaften Geisteszustände vor dem Civilrichter, für Aerzte und Juristen.* Erlangen (Enke), IV + 63p.<sup>1</sup>

(Casuistik:) Zur Casuistik der Hirnabscesse. AZP (29) 93-94.

R: G. Fielding Blandford: Insanity and its treatment; lectures on the treatment, medical and legal of insane patients. Edinburgh 1871, 435p./ AZP (29) 136-39.

Irrenheil- und Gefängnisskunde. AZP (29) 242-45.

Rede zur Eröffnung der psychiatrischen Klinik in Strassburg am 17. Mai 1872. AZP (29) 378-90.

R: Aus dem 13. Jahresbericht der Commissioners in Lunacy für Schottland. Edinburgh, 1871./ AZP (29) 507-508.

Gutachten bezüglich des Geisteszustandes des der fahrlässigen Tödtung beschuldigten Wund- und Zahnarztes Heinrich H. (chronische Manie mit Grössenwahn). FB (24) 20-25.

Ueber Missbrauch willenloser, bewusstloser oder geisteskranker Frauenspersonen zur Wollust. (Paragraph 176 des dt. Strafgesetzbuches). FB (24) 95-100.

R: Bericht über die Leistungen im Gebiet der gerichtlichen Psychonosologie im Jahr 1872. FB (24) 185-232.

Zur Frage der Unterbringung geisteskrank gewordener Verbrecher. FB (24) 301-309.

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<sup>1</sup> A second edition of this formed part of the Lehrbuch der gerichtlichen Psychopathologie, 3rd ed., and was also reprinted separately in 1889 and 1900, see there.

Ueber fälschliche Beschuldigungen Geisteskranker vor Gericht  
gegen die eigene Person und gegen Andere. VGOF (n.F.19)  
299-306.

404

**1874**

*Die Melancholie. Eine klinische Studie.* Erlangen (Enke), 71p.

*Nachalo ugolovnoi psikhologii dira vrachel i iuristov.* 142p.<sup>1</sup>

Ein Fall von Catalepsie. DK (26) 62.

R: Jahresbericht über die Leistungen im Gebiet der gerichtlichen  
Psychopathologie im Jahr 1873. FB (25) 233-61.

Hysterisches Irresein. Anklage wegen Verbrechen des Betrugs.  
Facultätsgutachten. FB (25) 374-84.

Ueber die Fähigkeit, im Irresein und anderweitigen  
psychopathischen Zuständen Zeugnis vor Gericht abzulegen.  
G (26) 155-60.

Die alkoholischen Geistesstörungen. I (16) 17-26.

Ueber Altersblödsinn (Dementia senilis). I (16) 65-77.

Brandstiftung. Zweifelhafte Zurechnungsfähigkeit. VGOF (n.F.20) 9-  
14.

Der Paragraph 224 des deutschen Strafgesetzbuches. VGOF  
(n.F.21) 53-64.

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<sup>1</sup> Incomplete, transcribed reference according to NUC-catalogue,  
apparently a Russian translation of Grundzüge der  
Criminalpsychologie... 1872.



*La responsabilité criminelle et la capacité civile dans les états de trouble intellectuel. Éléments de psychiatrie médico-légale à l'usage des médecins et des jurisconsultes. Tr. de l'allemand par le dr. Chatelain. Paris (Masson), III + 268p.<sup>1</sup>*

*Lehrbuch der gerichtlichen Psychopathologie mit Berücksichtigung der Gesetzgebung von Oesterreich, Deutschland und Frankreich. Stuttgart (Enke), XV + 385p.<sup>2</sup>*

Articles "Irrengesetzgebung" (enlarged version) and "Unzurechnungsfähigkeit" in Franz von Holtzendorff (ed): *Encyclopädie der Rechtswissenschaft ...*, 2. durchgehend verb. u. erheblich verm. Aufl, Leipzig (Duncker u. Humblot) part 2: *Rechtslexikon*.<sup>3</sup>

Ueber Irresein durch Onanie bei Männern. AZP (31) 425-40.

Castrierungsversuch an einem Knaben. Zweifelhafte Geistesstörung. Psychischer Degenerationszustand mit Perversion des Geschlechtstrieb. Facultätsgutachten. FB (26) 161-70.

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<sup>1</sup> This is probably a translation of Grundzüge der Criminalpsychologie... (1872) and is here quoted acc. to the NUC-catalogue. There are two problems with this French edition (which I have not seen myself): 1) the date is given as 1874 instead of 1875 in the Catalogue général de la librairie française. 2) Although the NUC-catalogue states that the book is a translation of the German Grundzüge der Criminalpsychologie... the indication "268p" does not seem to fit with the fact that the German original had only 152p. Perhaps the French book is a compilation and is also integrating the Beiträge zur Erkennung... (1867).

<sup>2</sup> 2nd German edition 1881

3rd German edition 1892

3rd German edition, 2nd printing 1899.

3rd German edition, 2nd printing, with an addition (Die zweifelhaften Geisteszustände...) 1900.

French editions: 1900 and 1911. (the latter "nouveau tirage" Paris (Toulouse).

Italian edition: 1897

Spanish edition: the Spanish national bibliography (first volume, referring to publications between 1901-1930) lists under Krafft-Ebing: Medicina legal. Traducción de J. Moreno Baruteli. Madrid (J. Pueyo), 2 vols, 411p + 461p. Neither this entry nor the cross reference under Moreno is dated. I have not taken this question any further.

Russian edition: 1895

Hungarian translations: 1886 and 1891

<sup>3</sup> Article "Irrengesetzgebung" first published in 1870 in the first ed. of the Rechtslexikon.

R: Jahresbericht über die Leistungen im Gebiete der forensischen Psychopathologie im Jahre 1874. FB (26) 241-91.

R: Franz von Holtzendorff: Das Verbrechen des Mordes und die Todesstrafe. Criminalpolitische und psychologische Untersuchungen. Hg. auf Grundlage öffentlicher in Berlin und München gehaltener Universitätsvorträge. Berlin 1875, 368p./ FB (26) 309-22.

Mord. Zweifelhafter Geisteszustand. Wahrscheinlich Verfolgungswahnsinn. Facultätsgutachten. FB (26) 353-64.

## 1876

*A bűnügyi lélektan alapvonalai. A német birodalom büntető törvénykönyve alapjára fektetve orvosok és jogászok számára.* Magyar nyelvre ford. dr. Rákosi Béla. Kiadta tagjai számára a m. orvosi könyvkiadó-társulat. Budapest, VIII + 110p.<sup>1</sup>

(zsm. mit Bernard v. Gudden:) *Gutachten über die Erbauung einer Irren-Anstalt und die Ertheilung psychiatrischen Unterrichts an der Universität Freiburg. Den hohen badischen Landständen übergeben von der Stadt Freiburg i. B.* <sup>2</sup>

R: Bericht über die Leistungen im Gebiet der gerichtlichen Psychopathologie im Jahre 1875. FB (27) 249-89.

Tödtung der Ehefrau durch Erschiessen im Zustand trunkschläger Sinnestäuschung. Facultätsgutachten. FB (27) 460-79.

Casuistik des periodischen Irreseins. PSB.<sup>3</sup>

Gutachten über die Ertheilung des psychiatrischen Unterrichtes. PSB, Separatdruck, 5p.<sup>4</sup>

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<sup>1</sup> Hungarian translation of Grundzüge der Criminalpsychologie (1872); possibly shortened (I have not seen this, nor any other of the Hungarian editions)

<sup>2</sup> I have not seen this interesting sounding report. (It could not be traced by either the Landesbibliothek Karlsruhe, nor the Generallandesarchiv Karlsruhe). It is quoted as nr. 16016 in Lautenschlager, Friedrich: Bibliographie der badischen Geschichte, 9 Bd, Karlsruhe (1929-1984), Bd 2/2 (1938) p 227.

<sup>3</sup> Quoted acc. to Fuchs (1902) p 19. (This journal is not accessible).

<sup>4</sup> No exact reference, since the journal was not accessible, but I own an offprint. In spite of the similar title, this article does not appear to be identical to the paper mentioned above (also under 1876) and quoted by Lautenschlager. (The actual text does in any case not mention von Gudden).

## 1877

Gutachten des Direktors der steiermärkischen Landes-Irrenanstalt in Graz (Separatdruck der Gesellschaft der Aerzte in Wien).<sup>2</sup>

Zur Kenntniss des paralytischen Irreseins beim weiblichen Geschlecht. AP (7) 182-88.

Ueber gewisse Anomalien des Geschlechtstribs und die klinisch-forensische Verwerthung derselben als eines wahrscheinlich functionellen Degenerationszeichens. AP (7) 291-312.

Ueber epileptoide Dämmer- und Traumzustände. AZP (33) 111-25.<sup>3</sup>

Beiträge zur klinisch-forensischen Diagnostik epileptischer Traum- und Dämmerzustände. FB (28) 118-35.<sup>4</sup>

R: Jahresbericht über die Leistungen im Gebiet der forensischen Psychopathologie im Jahre 1876. FB (28) 230-81.

Ein Fall von multipler Hirnrückenmarkssklerose. MVAS, Separatabdruck, 11p.<sup>5</sup>

## 1878

preface to: B. Knapp: *Untersuchungen über Cretinismus in einigen Theilen Steiermarks..* Graz (Leuschner & Lubensky)

Untersuchungen über Irresein zur Zeit der Menstruation. Ein klinischer Beitrag zur Lehre vom periodischen Irresein. AP (8) 65-107.

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<sup>1</sup> Quoted in the NUC-catalogue as published in Vienna by W. Braumüller und Sohn, in 1878. The catalogue adds: "Beilage zum Psychiatrischen Centralblatte 1876-1877." Also quoted by Fuchs (1902) p 19, for 1877.

<sup>2</sup> I have not seen this forensic report held at the Gesellschaft der Aerzte in Wien. It is probably a reprint of a journal article.

<sup>3</sup> Presented at the *psychiatrische Sektion der Naturforscherversammlung zu Graz, Sept 1875* and officially reported on in AZP (33) 1877, p 171ff, 182. Reprinted in Arbeiten III (1898) as: Ueber Dämmer- und Traumzustände. Erster Aufsatz.

<sup>4</sup> Reprinted in a revised and expanded version in Arbeiten III (1898) as: Ueber Dämmer- und Traumzustände. Zweiter Aufsatz.

<sup>5</sup> No precise reference since it has not been possible to obtain the journal; I own an off-print.

Ueber Irresein im Klimacterium. AZP (34) 407-17.

R: Jahresbericht über die Leistungen im Gebiet der gerichtlichen Psychopathologie 1877. FB (29) 241-97.

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Misshandlung mit nachfolgender Geistesstörung.  
Facultätsgutachten. FB (29) 418-27.

Facultätsgutachten über den zweifelhaften Geisteszustand  
(Geistesschwäche) eines wegen Cassadefect in  
Untersuchung stehenden Steuerbeamten. FB (29) 427-35.

Ueber primäre Verrücktheit auf masturbatorischer Grundlage bei  
Männern. I (20) 129-46.

Zweifelhafter Geisteszustand einer Frauensperson zur Zeit eines an  
ihr unternommenen Beischlafs. I (20) 177-88.

## 1879

*Der Stand der Irrenpflege in Steiermark. Ein Nothstand.* Graz  
(Leuschner & Lubensky), 16p.

*Lehrbuch der Psychiatrie auf klinischer Grundlage für practische  
Aerzte und Studirende.* Stuttgart (Enke), 1879/80, 3 Vols.<sup>1</sup>

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<sup>1</sup> Contents of 1st ed. 1879/80:

Vol I: Die allgemeine Pathologie und Therapie des Irreseins. 1879.  
XII + 276p.

Vol II: Die Specielle Pathologie und Therapie des Irreseins. 1879. I +  
214p.

Vol III: Casuistik. 1880. XVI + 203p.

German editions:

2nd ed. 1883

3rd ed. 1888

4th ed. 1890

5th ed. 1893

6th ed. 1897

A 7th enlarged and improved edition was prepared by Krafft-Ebing  
and published, apparently without changes, after his death by Dir.  
Dr. Sterz, Feldhof: 1903, XII + 654p.

English translations:

Text-book of insanity, based on clinical observations for  
practitioners and students of medicine. Authorized transl. from the  
last German ed. by Charles Gilbert Chaddock. Philadelphia (Davis)  
1904. XVI + 638p.

---- ... with an introduction by Frederick Peterson. Philadelphia  
(F.A. Davis) 1905. XVI + 638p.

French translation: 1897.

Italian translation: 1885/86.

Hungarian translation: 1883.

Ueber Geistesstörung durch Zwangsvorstellungen. AZP (35) 303-28.<sup>1</sup>

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Ueber den sogenannten Querulantenwahnsinn. AZP (35) 395-419.

R: Jahresbericht über die Leistungen im Gebiet der gerichtlichen Psychopathologie 1878. FB (30) 401-52.

Zur Behandlung des Delirium Tremens. MVAS, Separatdruck, 6p.<sup>2</sup>

## 1880

Articles "Lucida intervalla", Aerztliches Explorationsverfahren" "Gerichtsärztliche Gutachten" and "Kunstfehler" in Franz von Holtzendorff (ed): *Encyclopädie der Rechtswissenschaft* ..., 3. auf Grund der neuesten Reichsgesetzgebung vollständig umgearbeitete Aufl., Leipzig (Duncker u. Humblot), Teil 2: Rechtslexikon.<sup>3</sup>

(Casuistik:) Mord; zweifelhafter Geisteszustand (Imbecillität);  
Facultätsgutachten der medicinischen Facultät in Graz. AZP (36) 77-83.

Zweifelhafte Testirfähigkeit; dementia senilis. FB (31) 241-58.

R: Bericht über die Leistungen im Gebiet der gerichtlichen Psychopathologie 1879. FB (31) 368-98; 409-36.

## 1881

*Lehrbuch der gerichtlichen Psychopathologie mit Berücksichtigung der Gesetzgebung von Oesterreich, Deutschland und Frankreich.* 2. umgearb. Aufl., Stuttgart (Enke), XV + 400p.<sup>4</sup>

(Casuistik:) Todtschlag im Affekt. Zweifelhafter Geisteszustand (Epilepsie und dadurch bedingte krankhafte Gemüthsreizbarkeit des Thäters). Facultätsgutachten der Grazer med. Facultät. AZP (37) 40-43.

R: Sury-Bienz (Basel): Ueber die Grundlagen der forensen Zurechnungsfähigkeit Centralblatt f. Nervenheilk. (Erlenmeyer) 3. Jg. April, Beilage 2./ AZP (37) 362-63.

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<sup>1</sup> Reprinted in Arbeiten IV (1899).

<sup>2</sup> No precise reference since it has not been possible to obtain the journal; I own an off-print.

<sup>3</sup> Earlier editions of the Rechtslexikon contain other entries by Krafft-Ebing, see under 1870 and 1875.

<sup>4</sup> First edition 1875.

R: Bericht über die psychiatrische Literatur im 1. Halbjahre 1880. 3. Gerichtliche Psychopathologie. AZP (37) 362-85.

R: Kräpelin: Die Abschaffung des Strafmaasses. Ein Vorschlag zur Reform der heutigen Strafrechtspflege. Stuttgart (Enke) 1880, 78p./AZP (37) 653-55.

R: J. Guislain: Leçons orales sur les Phrénopathies. 2me édition publié par les soins du docteur B.C. Ingels. Gand. 1880. 2vols./ AZP (37) 655-56.

R: Bericht über die psychiatrische Literatur im 2. Halbjahre 1880. 3. Gerichtliche Psychopathologie. AZP (37) 20\*-44\*

Tödtung des Dienstherrn im Zustand krankhafter Bewusstlosigkeit (Sinnesverwirrung); epileptischer (?) Traumzustand. FB (32) 251-62.

Ueber Nutzen und Ausführbarkeit der eigenen Regie in österreichischen Irrenanstalten. JP (2) 23-26.

## 1882

*Grundzüge der Criminalpsychologie auf Grundlage des Strafgesetzbuchs der deutschen und österreichischen Strafgesetzgebung für Juristen.. zweite gänzl. umgearb. Aufl. Stuttgart (Enke), XII + 190p.<sup>1</sup>*

Articles "alkohol. Irresein", "Epilepsie", "Hysterie", "Zustände krankhafter Bewusstlosigkeit", "Aphasie" and "Taubstummheit" in J. Maschka: *Handbuch der gerichtlichen Medizin*, 4. Band: die gerichtliche Psychopathologie, bearbeitet von Schlager, Emminghaus, Kirn, Gauster und v. Krafft-Ebing. Tübingen (Laupp'sche Buchhandlung).

Zur "conträren Sexualempfindung" in klinisch-forensischer Hinsicht. AZP (38) 211-27.

R: Bericht über die psychiatrische Literatur im 1. Halbjahre 1881. 3. Gerichtliche Psychopathologie. AZP (38) 414-41.

R: Bericht über die psychiatrische Literatur im 2. Halbjahre 1881. 3. Gerichtliche Psychopathologie. AZP (38) 16\*-42\*

Gerichtsärztliche Gutachten. 1) Querulantenwahnsinn. Insubordination im amtlichen Dienst. 2) Schwachsinn. Verfolgungswahnsinn. Giftmordversuch aus Vergiftungswahn. 3) Hochgradige Imbecillität. Brandstiftung in Affekt und Angetrunkenheit. FB (33) 313-32.

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<sup>1</sup> First German edition 1872.

Drei Gutachten über zweifelhafte Geisteszustände (Concurrenz von Belastung, Trunk und Affecten) 1) Körperverletzung. 2) Verbrechen der gefährlichen Drohung. 3) Verbrechen der gefährlichen Drohung. FB (33) 399-418.

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1883

*Az elmebetegségek tankönyve. Kórodai vizsgálatok alapján orvosok és orvostanhallgatók számára.* Ford. Laufenauer Károly. II köt. 2. kiad. (VIII, 390) Budapest 1883. Orvosi Könyvkiadótárs.<sup>1</sup>

*Lehrbuch der Psychiatrie auf klinischer Grundlage für practische Aerzte und Studirende.* 2. theilw. umgearb. Aufl. Stuttgart (Enke), 2 Bd in 1.<sup>2</sup>

R: Bericht über die psychiatrische Literatur im 1. Halbjahre 1882. Gerichtliche Psychopathologie. AZP (39) 347-76.

Mord oder Todtschlag. Zweifelhafter Geisteszustand. (Psychischer Entartungszustand. Chorea. Krankhafte Affecte.) Gutachten der Grazer med. Facultät. FB (34) 87-100.

Schändung. Zweifelhafter Geisteszustand. Keine Geisteskrankheit. FB (34) 100-107.

Simulation von Blödsinn seitens eines zur Todesstrafe verurtheilten Mörders. FB (34) 107-113.

Eine Mörderin ihrer fünf Kinder. Querulantenverfolgungswahnsinn und religiöse Wahnideen. FB (34) 155-67.

Öffentliche Gewaltthätigkeit und gefährliche Drohungen. Zweifelhafter Geisteszustand. (Verfolgungswahn. Querulantenirresein). FB (34) 263-71.

Grundlose Behelligung der Gerichte mit Querelen und Denunciationen. Verfolgungsquerulantenwahnsinn. FB (34) 271-78.

Originärer Schwachsinn. Neurasthenie. Impulsive Brandstiftungen. FB (34) 395-404.

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<sup>1</sup> Translation of Lehrbuch der Psychiatrie... 1879/1880; there are two unsolved problems here: *II köt.* means vol. 2 and *2. kiad.* means 2nd ed., but I have not found a first Hungarian ed. of the Lehrbuch... and it does not make sense to publish only the second vol. (also numbers of pages do not correspond to the German ed.). Possibly this is a translation of the 2nd German ed. in which vols1+2 of the 1st ed. were bound together (see 1883).

<sup>2</sup> This vol. comprises vols 1 and 2 of 1st edition. First German edition 1879/80.

Desertion. Zweifelhafter Geisteszustand. FB (34) 404-413.<sup>1</sup>

Melancholia sine delirio. Anzünden einer Pulvermühle um aus der Welt oder in' s Zuchthaus zu kommen. I (25) 33-37.

Wiederholtes Verbrechen der öffentlichen Gewaltthätigkeit; Iracundia morbosa eines Epileptischen. I (25) 49-57.

Simulation von Blödsinn eines zum Tode verurtheilten Mörders. I (25) 67-69.

Ueber transitorisches Irresein auf neurasthenischer Grundlage. I (25) 113-25.<sup>2</sup>

Gerichtsärztliche Gutachten über zweifelhafte Geisteszustände. JP (4) 39-51.

Ueber Zwangsvorstellungen bei Nervenkranken. MVAS (Separatdruck) 29p.<sup>3</sup>

Ein criminal-psychologisch denkwürdiger Gerichtsfall. Als Beitrag zu den geistigen Störungen in der Pubertäts-Entwicklung. MVAS.<sup>4</sup>

R: Die gerichtliche Psychopathologie im Jahre 1882. ZGSW (9) 94-113.

Das hypochondrische Irresein. ZTEH (1) 105-107.

## 1884

*Ueber Nervosität; ein Vortrag gehalten am 25. Jänner 1884 zu Gunsten des Mädchen-lyceums in Graz.* Graz (Selbstverlag Mädchen-lyceum), 3rd ed., 60p.<sup>5</sup>

R: Bericht über die psychiatrische Literatur im 2. Halbjahre 1882. 3. Gerichtliche Psychopathologie. AZP (40) 323-65.

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<sup>1</sup> Reprinted in Arbeiten I (1897) as Ueber transitorisches Irresein..., Vierter Aufsatz, together with Majestätsbeleidigung. Sinnesverwirrung...., AZP (46) 1890.

<sup>2</sup> Reprinted in Arbeiten I (1897) as Ueber transitorisches Irresein..., Erster Aufsatz.

<sup>3</sup> Reprinted in Arbeiten IV (1899). No precise reference since it has not been possible to obtain the journal.

<sup>4</sup> Quoted in the Surgeon General catalogue as published in Vienna 1884, (18p), reprinted from MVAS 1883; I have not seen the article.

<sup>5</sup> Curiously, the GV (Gesamtverzeichnis des deutschsprachigen Schrifttums 1700-1910) only lists a third edition and no first nor second edition: 3. Aufl. Graz (Leuschner und Lubensky) 1884, 60p. Russian translation: 1885



R: Bericht über die psychiatrische Literatur im 1. Halbjahre 1883. 3. Gerichtliche Psychopathologie. AZP (40) 32\*-53\*

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Gefährliche Drohungen; transitorisches Irresein a potu; Unzucht mit der Stiefmutter; keine chronische Geistesstörung. FB (35) 40-46.

Unzuchtsdelikte mit Kindern in einem Zustande von Bewusstlosigkeit (wahrscheinlich auf Grund traumatisch entstandener Reflexepilepsie). FB (35) 81-90.

Imbecillität; religiöse Melancholie; versuchter Giftmord des Kindes und versuchter Selbstmord; gerichtsärztliches Gutachten. FB (35) 210-15.

Diebstahl und socialistische Umtriebe seitens eines Gewohnheitsverbrechers; moralischer Irrsinn oder moralische Verkommenheit? Gerichtsärztliches Gutachten. FB (35) 216-23.

Körperverletzung; zweifelhafte geistige Gesundheit des Thäters. Verfolgungswahnsinn neben wirklichen Kränkungen. FB (35) 364-71.

Schwere Verletzung der Mutter und der Frau; wahrscheinlich in transitorischer Geistesstörung a potu. Facultätsgutachten der Grazer med. Facultät. FB (35) 372-78.

Zur Lehre von der conträren Sexualempfindung. I (26) 1-14.

Kindesweglegung; zweifelhafte geistige Gesundheit; Dementia senilis incipiens. Gerichtsärztliches Gutachten. I (26) 161-64.

Mordversuch eines Gymnasialschülers an seinem Lehrer. Organische Belastung. Streitige Sinnesverwirrung zur Zeit der That. JP (5) 171-82.

Zwei Fälle von vieljähriger Verkennung geistiger Krankheit (Verfolgungs-Querulantenirrsinn) bei Sträflingen. JP (5) 242-64.

Der Fall Krischan. MVAS.<sup>1</sup>

Forensischer Fall von Pubertätspsychose. MVAS.

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<sup>1</sup> No exact reference to this nor the following two items due to inavailability of the journal (the last one, "Raubmord..." I own as an off-print; it is dated 1885 but referring to the MVAS 1884). The other two are quoted according to the list by Fuchs; the case Krischan could well be a parallel case to the cases Nasko and Magul, see my introduction to the appendix.

Raubmord. Moralisches Irresein. Wahrscheinliche Epilepsie.  
Simulation von Blödsinn. Facultäts-Gutachten d. Grazer med.  
Facultät. MVAS, Separatdruck, 18p.

414

1885

*Egészséges és beteg idegek.* Ford. dr. Osváth Albert. Budapest  
(Athenaeum), VI + 136p.<sup>1</sup>

*Om friska och sjuka nerver.* Öfversättning af O. H. Dumrath.  
Stockholm (J. Seligmann & Co) 1885, 1p, I + 127p.<sup>2</sup>

*Trattato clinico pratico delle malattie mentali ad uso dei medici e  
degli studenti.* Traduzione sulla seconda edizione tedesca dei  
dottori Silvio Tonnini e Giuseppe Amadei. Roma (Fratelli  
Bocca). 1885/1886. 2 vols in 1.<sup>3</sup>

*Sovremennaja nervoznost.* Perevod s tret. Nemetsk. izd. M.  
Manasseina. Pod redaktsiei S. Danillo. Petersburg 1885,  
55p.<sup>4</sup>

*Ueber gesunde und kranke Nerven.* Tübingen (Tübinger  
Gesundheitsbücher/ Laupp), VII + 157p.<sup>5</sup>

R: Bericht über die psychiatrische Literatur im 2. Halbjahre 1883. 3.  
Gerichtliche Psychopathologie. AZP (41) 196-221.

R: Bericht über die psychiatrische Literatur im 1. Halbjahre 1884. 3.  
Gerichtliche Psychopathologie. AZP (41) 18\*-35\*

Betrug; behauptete geistige Krankheit; blosse organische  
Belastung. Gerichtsärztliches Gutachten. FB (36) 210-18.

Diebstahl; vermuthete Geisteskrankheit; Chorea aber keine  
Geisteskrankheit. FB (36) 265-70.

Originärer Schwachsinn; Neurasthenie; impulsive Brandstiftungen.  
I (27) 135-42.

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<sup>1</sup> Hungarian translation of Gesunde und kranke Nerven (1885).

<sup>2</sup> Swedish translation of Gesunde und kranke Nerven (1885).

<sup>3</sup> First German edition 1879/80.

<sup>4</sup> (Diseases of the nervous system. transl. from the 3. German ed. by  
M. Manassein under the editorship of Danillo); Russian translation  
of Ueber Nervosität, 1884 (quoted thus in the Surgeon General  
catalogue).

<sup>5</sup> 1.-3. editions (1885,1886) identical.

4th edition 1898

5th edition: durchges. Aufl, Tübingen (Laupp) 1903, VIII + 176p.

Swedish translation: also 1885.

Hungarian translation: also 1885.

Beiträge zur Lehre vom transitorischen Irresein. JP (6) 1-11.

Die conträre Sexualempfindung vor dem Forum. JP (6) 34-47.

415

Fälschliche Selbstbeschuldigung Geistiggestörter. VGOF (n.F.43) 21-29.

1886

*A törvényszéki elmekórtan könyve.* Ford. és előszóval ellátta Babarczi Schwartzner Otto. Budapest(Akadémia), XXXV + 677p.<sup>1</sup>

*Az elmebetegségek általános kór-és gyógytana.* Fordították dr. Moravcsik E. és Zofáhl Rezső. Atnézte, dr. Laufenauer Károly. (VIII, 328) Bpest. 1886. Orvosi könyvkiadótársulat.<sup>2</sup>

*La responsabilità criminale e la capacità civile negli individui affetti da alterazione mentale.* Traduzione del prof. A. Raffaele. Con gli articoli relativi dei codici italiani. Napoli (C. La Carva), 206p.<sup>3</sup>

*Psychopathia sexualis. Eine klinisch-forensische Studie.* Stuttgart (Enke), VIII + 110p.<sup>4</sup>

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<sup>1</sup> First Hungarian translation of the forensic textbook, published in German in 1875. A second Hungarian translation appeared in 1891.

The Hungarian national bibliography lists under Ottó Schwartzner (who was editor to the Orvosi Szemle (review of medicine) published from 1881 onwards in Budapest) for 1884: Előszó br Kraft-Ebing Rikárd "A törvényszéki elmekórtan cz. tankönyvéhez (32), Budapest, 1884. Akadémia. Ingyen". which means: preface to Baron R. von Krafft-Ebing's "Textbook of Psychopathology". This either indicates yet an earlier Hungarian edition (before 1886, not found by me) or else an independent comment by Schwartzner on Krafft-Ebing's book.

<sup>2</sup> Unsolved Hungarian problem. The title means in literal translation: the general (psycho)pathology and therapeutics of mental disorders. I do not know what this is a translation of.

<sup>3</sup> Apparently translation of Grundzüge der Criminalpsychologie..., first German ed. 1872, second 1882, perhaps translated from the French. The NUC-catalogue adds for its given ed: "Includes the author's Psicopatía sexuali, 1889". I have not seen the book.

<sup>4</sup> This book was re-published in German eleven times during Krafft-Ebing's life time (the 12th edition was reworked by Krafft-Ebing but published posthumously in 1903), these editions, as well as the foreign language editions published before 1902 are integrated into this list.

A full list of all Psychopathia sexualis editions can be found in a separate appendix.

R: Bericht über die psychiatrische Literatur im 2. Halbjahre 1884. 3. Gerichtliche Psychopathologie. AZP (42) 45\*-63\*

R: Bericht über die psychiatrische Literatur im 1. Halbjahre 1885. 3. Gerichtliche Psychopathologie. AZP (42) 197\*-212\*

Ein Fall von originärer Paranoia vor Gericht. (Betrug. Hysterismus. Conträre Sexualempfindung. Hypnotismus.) FB (37) 36-59.

Majestätsbeleidigung. Bewusstlosigkeit durch Volltrunkenheit. FB (37) 137-40.

Gefährliche Drohung; Beleidigung der Gerichte; krankhafte Bewusstlosigkeit durch pathologischen Rausch. FB (37) 140-47.

Epileptischer Schwachsinn; raffinierte Fälschung einer Urkunde; ob in epileptischem Dämmerzustand begangen? Gerichtsärztliches Gutachten. FB (37) 241-47.

Originäre geistige Schwächezustände in foro criminale. JP (6) 162-68.<sup>1</sup>

Raubmord; Simulation von Geistesstörung; gerichtsärztliches Gutachten. VGOF (n.F.44) 41-52.

## 1887

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* 2. verm. u. verb. Aufl., Stuttgart (Enke), VIII + 148p.<sup>2</sup>

<Psychopathia sexualis: Russian edition.> <sup>3</sup>

R: Bericht über die Literatur im 2. Halbjahre 1885. 3. Gerichtliche Psychopathologie. AZP (43) 19\*-34\*

R: Bericht über die Literatur im 1. Halbjahre 1886. 3. Gerichtliche Psychopathologie. AZP (43) 148\*-63\*

Melancholie. Selbstbeschuldigungen. Fraglicher Werth derselben. Gerichtsärztliches Gutachten. FB (38) 121-30.

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<sup>1</sup> This extended article was published in successive volumes of the Jahrbücher für Psychiatrie over three years: continuation under 1887 and 1888.

<sup>2</sup> First edition 1886.

<sup>3</sup> The NUC-catalogue quotes a Russian translation of the Psychopathia sexualis, translated by one Kovalevskii Pavel Ivanovich (1849-) and containing 128p. The catalogue does not render the title in transcription.

Versuchter Giftmord. Paranoia persecutoria. FB (38) 185-96.

Falscher Eid; zweifelhafte Zurechnungsfähigkeit; Dementia senilis incipiens. FB (38) 393-402.

Originäre geistige Schwächezustände in foro criminale. JP (7) 131-66.<sup>1</sup>

Ueber psychische Lähmungen. WKR.<sup>2</sup>

Ueber Neurasthenia sexualis beim Manne. WMP (28) 161-65; 201-205.

Ueber Paraldehyd-gebrauch und Missbrauch, nebst einem Falle von Paraldehyd-Delirium. ZTEH (5) 49-52.<sup>3</sup>

## 1888

*Eine experimentelle Studie auf dem Gebiete des Hypnotismus.*  
Stuttgart (Enke), 80p.<sup>4</sup>

*En studie på hypnotismens område.* Öfv. af. O.H. Dumrath.  
Stockholm (H. Geber).<sup>5</sup>

*Lehrbuch der Psychiatrie auf klinischer Grundlage für practische Aerzte und Studirende.* 3. umgearb. Aufl. Stuttgart (Enke), XVI + 734p.<sup>6</sup>

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<sup>1</sup> Continued from 1886.

<sup>2</sup> No precise reference since it has not been possible to obtain the journal; quoted acc. Fuchs (1902) p 23.

<sup>3</sup> Reprinted in Arbeiten II (1897).

<sup>4</sup> German editions:

2nd ed 1889

3rd ed 1893

English translations:

1st 1889

2nd 1893 (facs.)

3rd 1896 (facs.)

A recent 4th ed. of 1982 (which says: facs. of the 1893 ed.)

Italian translation: 1893

Swedish translation: also 1888

There also exists a Russian translation of the book, which I have not found. We know because Krafft-Ebing published the preface to this translation separately under the title: Bemerkungen zur hypnotischen Heilmethode, WMP(30)1889, p 1185-87. The date of this weekly journal is 21 June 1889.

<sup>5</sup> Swedish translation of Eine experimentelle Studie... 1888.

<sup>6</sup> First German ed. 1879/80.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* 3. verm. u. verb. Aufl., Stuttgart (Enke), VIII + 177p.<sup>1</sup>

Perversion of the sexual instinct; report of cases. (transl. by H. M. Jewett). AN (9) 565-81.

R: Bericht über die psychiatrische Literatur im 2. Halbjahre 1886. 3. Gerichtliche Psychopathologie. AZP (44) 18\*-35\*

R: Bericht über die psychiatrische Literatur im 1. Halbjahre 1887. 3. Gerichtliche Psychopathologie. AZP (44) 160\*-72\*

Gehirnverletzung mit bleibender Schwächung der Sprache (Aphasie) und des Geistes. Gerichtsärztliches Gutachten. FB (39) 157-62.

Gefährliche Drohungen, begangen in einem Zustande krankhafter Bewusstlosigkeit auf hystero-epileptischer Grundlage; Gerichtsärztliches Gutachten. FB (39) 163-67.

Gefährliche Bedrohung; Paranoia persecutoria im Beginn. Gerichtsärztliches Gutachten. FB (39) 385-91.

Alcoholismus chronicus. Eifersuchtswahn; Mord der Ehefrau. Gerichtsärztliches Gutachten. FB (39) 391-402.

Majestätsbeleidigung; deliranter Aufregungszustand mit episodischem Stupor, wahrscheinlich auf epileptischer Grundlage. Gerichtsärztliches Gutachten. FB (39) 403-407.

Majestätsbeleidigung. Paranoia querulans. Gerichtsärztliches Gutachten. FB (39) 407-415.

Biss in die Nase der Geliebten; fragliche Sinnesverwirrung zur Zeit der That. Gerichtsärztliches Gutachten. FB (39) 415-22.

Ueber Neurosen und Psychosen durch sexuelle Abstinenz. JP (8) 1-6.

Originäre geistige Schwächezustände in foro criminale. JP (8) 38-75.<sup>2</sup>

Ueber subcutane Methylalinjectionen bei Delirium tremens. TM (2) 55-59.

Ueber pollutionsartige Vorgänge beim Weibe. WMP (14) 465-70.

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<sup>1</sup> First ed. 1886.

<sup>2</sup> Continued from 1887.

*An Experimental Study in the Domain of Hypnotism.* from the German by Charles G. Chaddock. New York and London (Putnam's sons), VIII + 129p.<sup>1</sup>

*Eine experimentelle Studie auf dem Gebiete des Hypnotismus.* 2. verm. u. verb. Aufl., Stuttgart (Enke), 92p.<sup>2</sup>

*Le psicopatie sessuali, con speciale considerazione alla inversione sessuale; studio clinico-legale.* Traduzione sulla seconda edizione tedesca dei dottori Enrico Sterz e Luigi Waldhart. Introduzione del prof. Cesare Lombroso. Torino (Bocca), XXXII + 167p.<sup>3</sup>

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* 4. verm. u. theilw. umgearb. Aufl., Stuttgart (Enke), VIII + 226p.<sup>4</sup>

Kritik des Eherechts nach dem Entwurf des bürgerlichen Gesetzbuchs. (Vortrag an der Jahressitzung des Vereins der deutschen Irrenärzte am 16. u. 17. Sept. 1888 in Bonn). AZP (45) 548-61.

R: Bericht über die psychiatrische Literatur im 2. Halbjahre 1887. 3. Gerichtliche Psychopathologie. AZP (45) 37\*-49\* <pages sic>

R: Bericht über die psychiatrische Literatur im 1. Halbjahre 1888. 3. Gerichtliche Psychopathologie. AZP (45) 36\*-60\* <pages sic>

Betrug; moralisches Irresein. Hystero-epilepsie; Gerichtsärztliches Gutachten. FB (40) 81-95.

Mordversuch; Paranoia persecutoria; Gerichtsärztliches Gutachten. FB (40) 95-99.

Paranoia; Eifersuchtswahn; Betrug zum Nachtheil des vermeintlichen Nebenbuhlers aus Rache; Gerichtsärztliches Gutachten. FB (40) 100-105.

Mord oder Selbstmordversuch? Falsche Aussage vor Gericht? Gerichtsärztliches Gutachten. FB (40) 105-10.

Gefährliche Bedrohungen. Paranoia querulans et persecutoria. Gerichtsärztliches Gutachten. FB (40) 161-69.<sup>5</sup>

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<sup>1</sup> First German edition 1888.

<sup>2</sup> First edition 1888.

<sup>3</sup> First German edition 1886.

<sup>4</sup> First edition 1886.

<sup>5</sup> The same title in: Wiener med. Blätter 1889, (12) 372-74.

Betrug; Ehrenbeleidigung. Paranoia querulans. Gerichtsärztliches Gutachten. FB (40) 169-75.

Verleumdung eines Richters. Paranoia persecutoria querulans. Gerichtsärztliches Gutachten. FB (40) 176-84.<sup>1</sup>

Mord; Schwachsinn; menstruales (?) periodisches Irresein; Paranoia persecutoria. Gerichtsärztliches Gutachten. FB (40) 321-32.<sup>2</sup>

Belastung Cocainismus. Zweifelhafte Berufsunfähigkeit als Arzt. Gerichtsärztliches Gutachten. FB (40) 332-38.<sup>3</sup>

Kindsmord; fraglicher Geisteszustand tempore criminis. Gerichtsärztliches Gutachten. FB (40) 375-81.

Gefährliche Drohung. Paranoia persecutoria. Gerichtsärztliches Gutachten. FB (40) 382-85.

Angeborene conträre Sexualempfindung. Erfolgreiche Absuggerierung homosexueller Empfindungen. ICPP (1) 7-11.

Ueber psychosexuales Zwittertum. ICPP (1) 55-65.

Zwei Fälle von Simulation geistiger Störung. JP (8) 293-312.

Ein Beitrag zur Athetosis idiopathica bilateralis. WKW (2) 311-12.<sup>4</sup>

Die Entwicklung und Bedeutung der Psychiatrie als klinischer Wissenschaft. Wiener Antrittsvorlesung (21. Okt.) 1889. WKW (2) 817-20; 843-45.

Eine Diagnose auf Tumor in der Grosshirnschenkel-Haubenbahn. WKW (2) 897-99.<sup>5</sup>

Zur Kenntniss der primären Rückenmarksblutung (Hämatomyelie). WKW (2) 939-41.<sup>6</sup>

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<sup>1</sup> The same title in: Wiener med. Blätter 1889, (12) 388-90.

<sup>2</sup> The same title in: Wiener med. Blätter 1889, (12) 774; 791.

<sup>3</sup> The same title in: Wiener med. Blätter 1889, (12) 711-12.

<sup>4</sup> Reprinted in Arbeiten II (1897) as "Zur Athetosis bilateralis" together with "Ueber Athetosis..." AWZ (42) 1897.

The article has also been translated into English; for reference see content of Arbeiten II (1897).

<sup>5</sup> Reprinted in Arbeiten II (1897).

<sup>6</sup> Reprinted in Arbeiten II (1897).



Bemerkungen zur hypnotischen Heilmethode. WMP (30) 1185-87.<sup>1</sup>

Dementia paralytica oder progressive Paralyse (klinischer Vortrag).  
WMP (30) 1801-5; 1847-54; 1889-99.

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**1890**

*Der klinische Unterricht in der Psychiatrie. Eine Studie.* Stuttgart  
(Enke) 39p.

*Lehrbuch der Psychiatrie auf klinischer Grundlage für practische  
Aerzte und Studirende.* 4. theilw. umgearb. Aufl. Stuttgart  
(Enke), XIV + 788p.<sup>2</sup>

*Neue Forschungen auf dem Gebiet der Psychopathia sexualis.  
Eine medizinisch-psychologische Studie.* Stuttgart (Enke) VI +  
80p.<sup>3</sup>

*Psychopathia sexualis mit besonderer Berücksichtigung der  
conträren Sexualempfindung; eine klinisch-forensische  
Studie.* 5. verm. u. theilw. umgearb. Aufl., Stuttgart (Enke), VIII  
+ 295p.<sup>4</sup>

Majestätsbeleidigung. Sinnesverwirrung (krankhafte  
Bewusstlosigkeit) auf Grundlage von Neurasthenie;  
Gerichtsärztliches Gutachten. AZP (46) 39-44.<sup>5</sup>

R: Bericht über die psychiatrische Literatur im 2. Halbjahre 1888. 3.  
Gerichtliche Psychopathologie. AZP (46) 252\*-83\*

R: Bericht über die psychiatrische Literatur im 1. Halbjahre 1889. 3.  
Gerichtliche Psychopathologie. AZP (46) 29\*-43\*

Körperverletzung. Paranoia. Gerichtsärztliches Gutachten. FB (41)  
1-5.

Excesse begangen in krankhafter Bewusstlosigkeit; pathologischer  
Alkoholreactionszustand; Gerichtsärztliches Gutachten. FB  
(41) 5-9.

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<sup>1</sup> This is the preface to the Russian translation of Eine experimentelle Studie auf dem Gebiete des Hypnotismus, 1888, see footnote there.

<sup>2</sup> First German edition 1879/80.

<sup>3</sup> 2nd edition 1891. In 1892 the Neue Forschungen... was integrated into the 7th edition of the Psychopathia sexualis.

<sup>4</sup> First edition 1886.

<sup>5</sup> Reprinted in Arbeiten I (1897) as "Ueber transitorisches Irresein... Vierter Aufsatz" together with "Desertion. Zweifelhafter Geisteszustand..." FB (34) 1883..

Misshandlungen; Paranoia persecutoria ex masturbatione;  
Gerichtsärztliches Gutachten. FB (41) 10-14.

Gefährliche Bedrohung. Alkoholismus chronicus; Gerichtsärztliches  
Gutachten. FB (41) 14-22.

Ueber Manie. (Klinischer Vortrag). IKR (4) 857; 901; 941; 981; 1063;  
1151.

Die Psychiatrie und das medizinische Studium. (Vortrag). IKR (4)  
1801-806.

Mania. MPC (n.s. 1) 179; 303; 325.

Ueber Schlaflosigkeit und neuere Schlafmittel. WKW (3) 22-24; 43-  
47.

Psychiatrie und Staatsexamen. WKW (3) 776-78.

Ueber psychiatrische Kliniken. WKW (3) 872-75.

Gynandrie. Ein Beitrag zur conträren Sexualempfindung. WMB (13)  
451-53.<sup>1</sup>

Ueber Masochismus. WMB (13) 817-20.

## 1891

*Neue Forschungen auf dem Gebiet der Psychopathia sexualis.  
Eine medizinisch-psychologische Studie. 2. umgearb. u.  
verm. Aufl., Stuttgart (Enke) VI + 131p.<sup>2</sup>*

*Psychopathia sexualis mit besonderer Berücksichtigung der  
conträren Sexualempfindung; eine klinisch-forensische  
Studie. 6. verm. u. theilw. umgearb. Aufl., Stuttgart (Enke), VIII  
+ 328p.<sup>3</sup>*

*A törvényszéki elmekórtan tankönyve. írta br. Krafft-Ebing Rikárd.  
Fordította és előszóval ellátta Babarczy Schwartz Ottó...A  
Magyar tudományos akadémia engedélye folytán megjelent 2.  
újra átdolg. magyar kiad. Budapest (Hornyánsky V.  
könyvnyomdája), XXXVI + 485p.<sup>4</sup>*

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<sup>1</sup> Same title: Pest. med-chirurg. Presse, Budapest 1890 (26) 686; 709.

<sup>2</sup> First edition 1890.

<sup>3</sup> First edition 1886.

<sup>4</sup> Second Hungarian translation (first: 1886) of the forensic  
textbook 1875.

Preface to A. Moll: *Die conträre Sexualempfindung mit Benutzung amtlichen Materials*. Berlin (Fischer) 1891.<sup>1</sup>

Preface to Chatelain: *Das Irresein. Plaudereien über die Geistesstörungen*. Aus dem Französischen übersetzt von Otto Dornblüth. Neuchatel (Gebrüder Attinger), XVI + 273p.

Tabes dorsalis. (Aus den Kliniken des k.k. allgemeinen Krankenhauses und den Spitälern Wiens; Ambulatorium für Nervenkrankheiten). AWZ (36) 5; 29; 40; 52; 65; 76.

Athetose. (Aus den Kliniken des k.k. allgemeinen Krankenhauses und den Spitälern Wiens). AWZ (36) 237-38.

R: A. Leppmann: Die Sachverständigenthätigkeit bei Seelenstörungen. Ein kurzgefasstes Handbuch für die ärztliche Praxis. Berlin 1890, 273p./ AZP (47) 694-95.

R: Bericht über die psychiatrische Literatur im 2. Halbjahre 1889. 3. Gerichtliche Psychopathologie. AZP (47) 172\*-81\*

R: Bericht über die psychiatrische Literatur im 1. Halbjahre 1890. 3. Gerichtliche Psychopathologie. AZP (47) 29\*-47\*

Die Suggestion und die Dichtung. DD (9) 251-52.

Zur conträren Sexualempfindung; Autobiographie und strafrechtliche Betrachtungen über den Paragraphen 175 des deutschen Strafgesetzbuchs von einem Conträr-Sexualen. FB (42) 385-400.<sup>2</sup>

Ueber das Zustandekommen der Wollustempfindung und deren Mangel (Anaphrodisie) beim sexuellen Akt. ICPP (2) 94-106.<sup>3</sup>

Zur Verwerthung der Suggestionstherapie (Hypnose) bei Psychosen und Neurosen. WKW (4) 795-99.<sup>4</sup>

Ueber transitorisches Irresein auf neurasthenischer Grundlage. WKW (4) 935-37.<sup>5</sup>

Ueber Fetischismus eroticus. WMB (14) 400; 432.

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<sup>1</sup> The Surgeon General catalogue quotes a second, identical edition of Moll's book (1893), as well as a French (1893) and an Italian translation (1897).

<sup>2</sup> Same title: Wiener med. Blätter 1892 (15) 7; 42.

<sup>3</sup> Reprinted in Arbeiten IV (1899).

<sup>4</sup> Reprinted in Arbeiten II (1897).

<sup>5</sup> Reprinted in Arbeiten I (1897) as "Ueber transitorisches Irresein..." Zweiter Aufsatz.

Zur Therapie der Geisteskrankheiten. Klinischer Vortrag. WMP (32)  
489-94; 529-32; 573-75; 623-24; 700-704; 741-46; 780-82;  
827-30; 864-68.

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1892

*Lehrbuch der gerichtlichen Psychopathologie mit Berücksichtigung der Gesetzgebung von Oesterreich, Deutschland und Frankreich.* 3. umgearb. Aufl., Stuttgart (Enke), XVI + 488p.<sup>1</sup>

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* 7. verm. u. theilw. umgearb. Aufl., Stuttgart (Enke), IX + 432p.<sup>2</sup>

*Psychopathia Sexualis with especial reference to contrary sexual instincts. A medico-legal study.* Author. transl. of the 7th enlarged and revised German ed. by Charles Gilbert Chaddock, Philadelphia (F.A. Davis), XIV + 436p. sold by subscription only.<sup>3</sup>

*Ueber Gesittung. Volkstümliche Vorträge Nr 14.* Krems (Sonderdruck der niederösterreichischen Volksbildungsblätter) 18p.

"Zur Differentialdiagnose der Dementia paralytica und der Neurasthenia cerebialis" in: *Festschrift zur Feier des fünfzigjährigen Jubiläums der Anstalt Illenau.* Hg. von Schüle, v. Krafft-Ebing, Kirn et al. Heidelberg (C. Winter), 65-77.

R: Bericht über die psychiatrische Literatur im 2. Halbjahre 1890. 3. Gerichtliche Psychopathologie. AZP (48) 194\*-221\*

R: Bericht über die psychiatrische Literatur im 1. Halbjahre 1891. 3. Gerichtliche Psychopathologie. AZP (48) 23\*-45\*

Ueber eine seltene Form von Neurasthenia sexualis mit Zwangsvorstellungen. AZP (48) 368-79.<sup>4</sup>

Mord des Kindes am zehnten Tag nach der Geburt; zweifelhafte Zurechnungsfähigkeit der Mörderin. (Gutachten der Grazer med. Facultät). FB (43) 14-19.<sup>5</sup>

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<sup>1</sup> First edition 1875.

<sup>2</sup> First edition 1886.

<sup>3</sup> First German edition 1886.

<sup>4</sup> Reprinted in Arbeiten IV (1899).

same title also in Internationale klinische Rundschau 1892 (6) 426; 471.

<sup>5</sup> Same title in Wiener med. Blätter 1892 (15) 197.

Imbecillität; Epilepsie? Kindsmord. (Gutachten der Grazer med. Facultät). FB (43) 19-27.<sup>1</sup>

Psychische Entartung; Mord- und Selbstmordversuch. FB (43) 321-34.

Bemerkungen über geschlechtliche Hörigkeit und Masochismus. JP (10) 199-211.

Ueber Eifersuchtswahn beim Manne. JP (10) 212-31.

Die Bedeutung der Menstruation für das Zustandekommen geistig unfreier Zustände. JP (10) 232-54.

Ueber Exhibitionismus; Verletzung der Sittlichkeit in Form des Exhibitionierens. WMB (15) 229; 248.

Paranoia politica. WMB (15) 757; 775.

Zur "Intermittens larvata". WMP (33) 1-4.<sup>2</sup>

Epilogue to: § 175 des deutschen Strafgesetzbuches und die Urningsliebe. Von Dr. iur. \*\*\*. ZGSW (12) 34-54.

### 1893

*Eine experimentelle Studie auf dem Gebiete des Hypnotismus, nebst Bemerkungen über Suggestion und Suggestionstherapie.* 3. verb. und verm. Aufl., Stuttgart (Enke), 109p.<sup>3</sup>

*An Experimental Study in the Domain of Hypnotism.* from the German by Charles G. Chaddock. New York and London (Putnam's sons), 2nd English edition, facsimile of the 1889 ed., VIII + 129p.<sup>4</sup>

*Hypnotische Experimente.* Stuttgart (Enke) 38p.<sup>5</sup>

*Hypnotische Experimente.* 2. verm. Aufl., Stuttgart (Enke), 47p.

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<sup>1</sup> Same title in Wiener med. Blätter 1892 (15) 101-103.

<sup>2</sup> Reprinted in Arbeiten I (1897).

<sup>3</sup> First edition 1888.

<sup>4</sup> First German edition 1888.

<sup>5</sup> A second ed. appeared in the same year and the book was republished twice post-humously by A. Moll: *Hypnotische Experimente, mit einem Vorwort von Geheimrat Dr. A. Moll*, 3. Aufl. Stuttgart (Enke) 1919, 51p.  
---- 4. Aufl. Stuttgart (Enke) 1926, 48p.

*Lehrbuch der Psychiatrie auf klinischer Grundlage für practische Aerzte und Studirende.* 5. verm. u. verb. Aufl. Stuttgart (Enke), XII + 698p.<sup>1</sup>

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*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* 8. verb. u. theilw. verm. Aufl., Stuttgart (Enke), X + 442p.<sup>2</sup>

*Psychopathia Sexualis with especial reference to contrary sexual instincts. A medico-legal study.* Author. transl. of the 7th enlarged and revised German ed. by Charles Gilbert Chaddock, Philadelphia (F.A. Davis), XIV + 436p. sold by subscription only.<sup>3</sup>

*Uno studio sperimentale nel campo delle ipnotismo, con osservazioni sulla suggestione e la terapia suggestiva.* Versione italiana autorizzato e riveduta dall' autore eseguita sulla terza edizione tedesca dal dott. Arturo Castiglioni. Milano (Max Kantorowicz), 131p.<sup>4</sup>

Ein Fall von amyotrophischer Lateralsklerose. (Aus den Kliniken des k.k. allg. Krankenhauses und den Spitälern Wiens). AWZ (38) 6.

Ueber Paramyoclonus multiplex. (Aus den Kliniken des k.k. allg. Krankenhauses und den Spitälern Wiens). AWZ (38) 47-48.

Hysteria virilis et infantilis. Klinischer Vortrag. AWZ (38) 106-107; 117-18.

Ueber Thomsensche Krankheit und Paramyotonie. Klinischer Vortrag. AWZ (38) 175-76.

Paralysis traumatica. Klinische Vorlesung. AWZ (38) 241-42; 255-56.

Ueber Hystero-Epilepsie. Klinische Vorlesung. AWZ (38) 299-300; 312-13.

Ueber Poliomyelitis anterior acuta und einen Fall von Poliomyelitis compliciert mit multipler Sklerose. (Klinische Vorlesung). AWZ (38) 442-43; 453-54.

Ueber Polyneuritis. Klinische Vorlesung. AWZ (38) 519-20; 533-34; 544;-45; 554-55; 566-67.

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<sup>1</sup> First German edition 1879/80.

<sup>2</sup> First edition 1886.

<sup>3</sup> First German edition 1886. (No full reference to pages since journal not available).

<sup>4</sup> First German edition 1888.

R: Bericht über die psychiatrische Literatur im 2. Halbjahre 1891. 3. gerichtliche Psychopathologie. AZP (49) 197\*-218\*

R: Bericht über die psychiatrische Literatur im Jahre 1892. 3. Gerichtliche Psychopathologie. AZP (49) 21\*-52\*

Todtschlag des Sohnes in epileptischem Schwindelanfall. Facultatsgutachten. FB (44) 20-27.

Geistesstörung nach Misshandlung; fraglicher Causalnexus. FB (44) 27-32.

Originärer Schwachsinn; periodische Manie; Brandstiftung und beabsichtigter Mord. Facultätsgutachten. FB (44) 153-60.

Originärer Schwachsinn; religiöser Wahn; öffentliche Gewaltthätigkeit; Facultätsgutachten der Wiener med. Facultät. FB (44) 161-67.<sup>1</sup>

Mord der epileptischen Ehefrau, um ihrer los zu werden; von der Vertheidigung behauptete Unzurechnungsfähigkeit; Simulation von Blödsinn; gerichtsärztliche Annahme von Melancholie und Zwangsvorstellungen zur Zeit der That; keine Geistesstörung tempore criminis. FB (44) 393-99.

Zur Psychopathia sexualis. JP (12) 84-93.

Thomsen's disease and paramyotonia. MPC (n.s.56) 79-80.<sup>2</sup>

Ein Fall von Paraplegia brachialis. WKW (6) 173-74.<sup>3</sup>

Taschentuch-Fetischismus, (fortgesetzte Diebstähle von Weibern gehörigen Taschentüchern). WMB (16) 209ff.<sup>4</sup>

## 1894

*Der Conträrsexuale vor dem Strafrichter. De sodomia ratione sexus punienda. De lege lata et de lege ferenda.* (Eine Denkschrift). Leipzig und Wien (F. Deuticke) 39p.<sup>5</sup>

*Gutachten über die Bedeutung der hypnotischen Suggestion als Heilmittel.* Berlin (Bong und Cie) 1894.<sup>6</sup>

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<sup>1</sup> Same title: Wiener med. Blätter 1893 (16) 363.

<sup>2</sup> Quoted acc. Index medicus.

<sup>3</sup> Reprinted in Arbeiten II (1897).

<sup>4</sup> No full reference for pages since journal not available to me.

<sup>5</sup> 2nd ed. 1895.

Italian translation 1895.

<sup>6</sup> I have not been able to find this publication. Quoted according to list by Fuchs (1902).

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* 9. verb. u. theilw. verm. Aufl., Stuttgart (Enke), X + 414p.<sup>1</sup>

*Psychopathia sexualis a visszás nemi érzések különös figyelembevételével.* Törvénytörési tanulmány. A 8. kiadásból fordította dr. Fischer Jakob. Bpest (Singer és Wolfner), V + 394p.<sup>2</sup> (10K. vászonba kötve).

"Die progressive allgemeine Paralyse" in: Nothnagel: *Specielle Pathologie und Therapie.* Wien (Hölder) 24 Bd, 1894-1908, Bd 9,2/1-108.<sup>3</sup>

"Neuropathia sexualis feminarum" in: W. Zülzer: *Klinisches Handbuch der Harn- und Sexualorgane.* Leipzig (F.C.W. Vogel) 1894, 4. Abt. 80-103.

Ein Fall von Brown-Séquard'scher Halbseitenlähmung infolge einer gummösen Meningitis. AWZ (39) 47-48; 59-60.

Ueber Tetanie. AWZ (39) 361-62; 370-71.

Ueber multiple Sklerose. AWZ (39) 526-27; 539-40; 464-65.

Ueber Zoophilia erotica, Bestialität und Zooerastie. AZP (50) 761-65.

R: Bericht über die psychiatrische Literatur im Jahre 1893. 3. Gerichtliche Psychopathologie. AZP (50) 22\*-62\*

Brandstiftungen aus Eigennutz in geistiger Gesundheit; erworbene Neurasthenie u. Dysthymie auf Grund heftiger Gemüthsbewegungen. Tödtung eines Gefängnissarztes in höchstem Affect u. wahrscheinlich psychischem Zwang; Todesurtheil. FB (45) 32-54.

Unzuchtsdelikte begangen von einem Schulleiter. FB (45) 321-30.

Massenhafte motivlose Brandlegungen möglicherweise in praemenstrualer manischer Exaltation von einer Imbecillen begangen. Facultätsgutachten. FB (45) 453-62.

Ueber Zunahme und Ursache der progressiven Paralyse. IKR (8) 1273-79.

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<sup>1</sup> First edition 1886.

<sup>2</sup> Hungarian translation of the Psychopathia sexualis 8.ed.; first German edition 1886.

<sup>3</sup> This was re-edited in a 2. ed. later: 2. Aufl. auf Grund der Darstellung von R. v. Krafft-Ebing neu bearbeitet von H. Obersteiner. Wien (A. Hölder) 1908, 217p.



Zur Aetiologie der conträren Sexualempfindung. JP (12) 338-65.<sup>1</sup>

Zur Erklärung der conträren Sexualempfindung. JP (13) 1-16.<sup>2</sup>

Poliomyelitis anterior acuta, simple and complicated with multiple sclerosis. MPC ( n.s.58) 1-3.<sup>3</sup>

Tetany. MPC (n.s.58) 387-89.

Un caso di paralisi unilaterale di Brown-Séquard in seguito di una meningite gommosa. Riforma medica (10) 197-200.

## 1895

*Der Conträrsexuale vor dem Strafrichter. De sodomia ratione sexus punienda. De lege lata et de lege ferenda.* Eine Denkschrift. 2. Aufl., Leipzig und Wien (F. Deuticke) 112p.<sup>4</sup>

*I sessuale contrario dinanzi al foro penale. De sodomia ratione sexus punienda de lege lata et de lege ferenda memoriale.* Traduzione autorizzata dall' autore con appendice dell' avvocato Francesco Forlani. Spalato (V. Morpurgo), 93p.<sup>5</sup>

<Lehrbuch der forensischen Psychopathologie: Russian edition> <sup>6</sup>

*Psychopathia sexualis, avec recherches spéciales sur l'inversion sexuelle.* Tr. sur la 8. éd. allemande par Émile Laurent et Sigismond Csapo, Paris (Carré), VIII + 595p.<sup>7</sup>

"Nervosität und neurasthenische Zustände" in: Nothnagel: *Specielle Pathologie und Therapie.* Wien (Hölder) 24 Bd, 1894-1908, Bd 12,2/ VII + 210p.<sup>8</sup>

Ueber akuten Wahnsinn. AWZ (40) 119-20; 131-32.

<sup>1</sup> Also reprinted in the 2nd ed. of Der Conträrsexuale, (1895) pp 40-63.

<sup>2</sup> Also reprinted in the 2nd ed. of Der Conträrsexuale, (1895) pp 98-112.

<sup>3</sup> This and the following entry quoted acc. Index medicus.

<sup>4</sup> First edition 1894; this 2nd ed. integrated the two articles of 1894: "Zur Aetiologie der conträren Sexualempfindung" and "Zur Erklärung der conträren Sexualempfindung".

<sup>5</sup> First German edition 1894.

<sup>6</sup> There exists a Russian translation of the Lehrbuch, (1875), which I have seen myself in Graz, in the possession of Krafft-Ebing's granddaughter Marion Krafft-Ebing. I have unfortunately lost the exact reference.

<sup>7</sup> First German edition 1886. An obviously identical edition was published by Masson, Paris (both quoted acc. NUC-catalogue).

<sup>8</sup> 2. improved ed.: 1900.

Ueber die Hemianaesthesia Hysterischer. AWZ (40) 25-27; 38-39; 51-52.

Ueber Dementia paralytica. AWZ (40) 395-96; 405-406; 415-16; 426-27.

Ueber Melancholie. AWZ (40) 247-48; 257-58; 269-70; 281-82.

R: Bericht über die psychiatrische Literatur im Jahre 1894. 3.  
Gerichtliche Psychopathologie. AZP (51) 28\*-54\*

Zweifelhafter Geisteszustand einer jugendlichen mehrfachen  
Brandstifterin. Gerichtsärztliches Gutachten. FB (46) 155-70.

Verunglückung eines Locomotivführers im Beruf. Geistiges  
Siechthum. Zweifelhafte Entschädigungsverpflichtung des  
Dienstgebers. Gerichtsärztliches Gutachten. FB (46) 459-64.

Beiträge zur Kenntniss des Masochismus. ICPP (6) 353-60.<sup>1</sup>

Ueber die Zunahme der progressiven Paralyse im Hinblick auf die  
sociologischen Faktoren. JP (13) 127-43.

Meineid. Hysterismus. Behauptete Amnesie und  
Unzurechnungsfähigkeit. JP (13) 208-15.<sup>2</sup>

Ueber transitorische Geistesstörung bei Hemicranie. WKR (8).<sup>3</sup>

Zur Aetiologie der multiplen Sklerose. WKW (8) 895-99.<sup>4</sup>

## 1896

*An Experimental Study in the Domain of Hypnotism.* from the  
German by Charles G. Chaddock. New York and London  
(Putnam's sons), 3rd English edition, facsimile of the 1889 ed.,  
VIII + 129p.<sup>5</sup>

*I perversimenti sessuali, psicologia-patologica-terapeutica.*  
*Psicopatía sessuale. Sadismo, masochismo, feticismo,*

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<sup>1</sup> Reprinted in Arbeiten IV (1899).

<sup>2</sup> Reprinted in Arbeiten III (1898).

<sup>3</sup> Journal not easily accessible. Article reprinted in adapted  
version in Arbeiten I (1897), see Krafft-Ebing's reference in  
Arbeiten I p 145 (which mentions 1895 as the original date). There  
also exists an English translation of the adapted version, see AN  
(21) 1900.

<sup>4</sup> Reprinted in Arbeiten IV (1899).

<sup>5</sup> First German edition 1888.

*ricerche speciali*. 1. ed. italiana, eseguita sulla edizione francese del 1895. Roma (frat. Capaccini) 1896, 272p.<sup>1</sup>

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Gutachten über die Berechtigung des spiritistischen Vereines in ... zur Anwendung des Hypnotismus. (Gutachten des obersten Sanitaetsrathes).<sup>2</sup>

Gutachten des k.k. obersten Sanitaetsrathes bezüglich gesetzlicher Regelung des Hypnotismus in Oesterreich. Das oesterr. Sanitätswesen (30).<sup>3</sup>

Ein Fall von Syringomyelie. Klinische Vorlesung. AWZ (41) 47-48; 59-60.

Polyneuritis. Klinische Vorlesung. AWZ (41) 451-52; 463-64; 475-76; 487-88.

Paralysis agitans. Klinische Vorlesung. AWZ (41) 313-14; 325-26; 337-38.

Paranoia sexualis persecutoria einer Ehefrau. Grundlose Denunciationen des Ehemanns im Sinne der Schändung des eigenen Kindes. Facultätsgutachten. FB (47) 1-10.

Motivlose Brandstiftungen eines mit Epilepsie und intellektuell-moralischer Insuffizienz behafteten Jungen. Zweifelhafte Zurechnungsfähigkeit. Facultätsgutachten. FB (47) 176-86.

Ueber Unzucht mit Kindern und Pädophilie erotica. FB (47) 261-83.<sup>4</sup>

Unzucht wider die Natur. Psychische Hermaphrodisie. Fragliche Anfälle krankhafter Bewusstlosigkeit epileptoider Art tempore delicti. JP (14) 312-20.

Ueber Vesania transitoria bei Neurasthenischen. Klinische Vorlesung. WMP (37) 1-7.<sup>5</sup>

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<sup>1</sup> I have not seen this book (quoted here after Surgeon General catalogue): it is either an extract of the Psychopathia sexualis (1886) in its French translation of 1895, or it might - guessing the content from the title - be a translation of Neue Forschungen...(1890, 2nd ed 1891) for which I have however not found a French translation so far. I think the first possibility is more likely.

<sup>2</sup> Reprinted in Arbeiten II (1897). Original publication not found. Date according to Arbeiten.

<sup>3</sup> Reprinted in Arbeiten II (1897). Original publication not seen. Date and reference according to Arbeiten II, p 153; "Das österreichische Sanitätswesen" was a weekly.

<sup>4</sup> Reprinted in Arbeiten IV (1899).

<sup>5</sup> Reprinted in an enlarged version in Arbeiten I (1897).

1897

*Arbeiten aus dem Gesamtgebiet der Psychiatrie und Neuropathologie. 1. Heft.* Leipzig (Joh. Ambr. Barth) II + 165p.<sup>2</sup>

<the following two articles would appear to be published here for the first time:>

Beziehungen zwischen Neuralgie und transitorischer Psychose.<sup>3</sup>

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<sup>1</sup> Reprinted in Arbeiten II (1897).

English translation: The suggestive treatment of hysteria gravis. AN (24)1903, 79-85 (not on my list).

The Index medicus (but no other source) also quotes what looks like an Italian translation of this paper - the date is, however, given as 1893 and the initials of the author "von Krafft-Ebing" are F.R. (which could just about fit, since the full Christian name of Krafft-Ebing was Joseph Friedrich Richard; see chapter 1). I have failed to find the journal and have not included the questionable Italian paper into my list; the reference is: Isteria grave; guarigione con la suggestione ipnotica. Ipnotismo, Firenze, (4) 109.

<sup>2</sup> Abbreviated Arbeiten I-IV. These four volumes, published between 1897 and 1899, contain partly new papers and partly reprints of older articles. I have listed articles both here and under the date of their first publication and cross-referenced them for clarity. It has however not been possible to find all first publications since these partly appeared in journals difficult to obtain.

**content of Arbeiten I (1897):**

(The dates of the following content tables are given according to the Index in Arbeiten IV and checked where possible with the original publication.)

1) Ueber transitorisches Irresein auf neurasthenischer Grundlage. (4 Aufsätze).

Erster Aufsatz: 1883

Zweiter Aufsatz: 1891

Dritter Aufsatz: 1896

Vierter Aufsatz: 1881 (recte 1883) and 1890

2) Beziehungen zwischen Neuralgie und transitorischer Psychose. (1897)

3) Ueber Hemicranie und deren Beziehungen zur Epilepsie und Hysterie. (1897)

4) Ueber transitorische Geistesstörung bei Hemicranie. (1897 recte adapted version of 1895 article)

5) Zur Intermittens larvata. (1892)

<sup>3</sup> English translation in AN (20) 1899.

Ueber Hemicranie und deren Beziehungen zur Epilepsie und Hysterie.<sup>1</sup>

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*Arbeiten aus dem Gesamtgebiet der Psychiatrie und Neuropathologie. 2. Heft.* Leipzig (Joh. Ambr. Barth) 215p.<sup>2</sup>

<the following two articles would appear to be published here for the first time:>

Die Aetiologie der progressiven Paralyse.<sup>3</sup>

Ueber Vortäuschung organischer Erkrankungen des Nervensystems durch Hysterie.<sup>4</sup>

*Lehrbuch der Psychiatrie auf klinischer Grundlage für practische Aerzte und Studirende.* 6. verm. u. verb. Aufl. Stuttgart (Enke), XII + 634p.<sup>5</sup>

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<sup>1</sup> English translation in AN (20) 1899.

<sup>2</sup> content of Arbeiten II (1897):

- 1) Die Aetiologie der progressiven Paralyse. (1897)
- 2) Ueber Vortäuschung organischer Erkrankungen des Nervensystems durch Hysterie (1897):
  - Einleitung
  - Hysterische Hemiplegien (these two parts were also translated into English: AN (21),1900.)
  - Pseudoparesis spastica (also translated into English: AN (23),1902.)
  - Paraplegia hysterica
  - Vortäuschung von Tabes dorsalis (English translation: Simulation of tabes dorsalis. AN (24),1903, 29-49, not on my list.)
- 3) Zur Athetosis bilateralis. (1889 and 1897)(English translation: Idiopathic bilateral athetosis. AN (24)1903, 325-37, not on my list)
- 4) Varia:
  - Gutachten des k.k. obersten Sanitätsrathes bezüglich der gesetzlichen Regelung des Hypnotismus in Oesterreich. (1896)
  - Gutachten über die Berechtigung des spiritistischen Vereins in ... zur Anwendung des Hypnotismus. (1896)
  - Zur Verwerthung der Suggestionstherapie bei Psychosen und Neurosen. (1891)
  - Zur Suggestivbehandlung der Hysteria gravis. (1892 recte 1896)
  - Ueber Paraldehyd-Gebrauch und Missbrauch, nebst einem Falle von Paraldehyddelirium. (1887)
  - Ein Fall von Paraplegia brachialis. (1893)
  - Ueber Drucklähmung von Armnerven durch Krückengebrauch. (1871)
  - Eine Diagnose auf Tumor in der Grosshirnschenkel-Haubenbahn. (1889)
  - Zur Kenntniss der primären Rückenmarksblutung. (1889)

<sup>3</sup> Translated into English: AN (21) 1900.

<sup>4</sup> Partly translated into English, see content of Arbeiten II (1897).

<sup>5</sup> First German edition 1879/80.

*Traité clinique de psychiatrie par le dr. R. von Krafft-Ebing. Traduit sur la 5. éd. allemande par le dr. Emile Laurent. Paris (Maloine), VI + 748p.*<sup>1</sup>

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*Trattato di psicopatologia forense in rapporto alle disposizioni legislative vigenti in Austria, in Germania ed in Francia. Traduzione sull'ultima edizione tedesca, con gli opportuni richiami alla legislazione italiana del dott. Lorenzo Borri ... Torino (Fratelli Bocca) 1897, XXIII + 615p.*<sup>2</sup>

Ueber Chorea. Klinische Vorlesung. AWZ (42) 25-26; 37-38; 47-48.

Die amyotrophische Lateralsklerose. Klinische Vorlesung. AWZ (42) 279-80; 291-92.

Ueber Athetose. Klinische Vorlesung. AWZ (42) 383-84; 395-96.<sup>3</sup>

R: Bericht über die psychiatrische Literatur im Jahre 1895. 3. Gerichtliche Psychopathologie. AZP (53) 29\*-57\*

Vielfache impulsive Brandstiftungen seitens eines imbecillen Epileptischen. Fakultätsgutachten. FB (48) 24-34.

Raubmord. Moralische Idiotie. Fakultätsgutachten. FB (48) 182-98.

Gerichtliches Gutachten über ein von dem Techniker Paul Gassen erfundenes Instrument zur Behebung der Impotenz, genannt Erector. FB (48) 217-21.<sup>4</sup>

Schwachsinn. Todtschlag der Stiefmutter im Affekt. Wahnsinn im Gefängniss. Fragliche Simulation. Fakultätsgutachten. FB (48) 241-48.

Actes contre nature et hermaphrodism psychique. Revue de Psychiatrie. Août.<sup>5</sup>

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<sup>1</sup> First German edition 1879/80. The date of the French translation as 1897 is given according to the NUC-catalogue, the French national bibliography renders the date as 1896. I have not seen the book.

<sup>2</sup> First German edition 1875.

<sup>3</sup> Reprinted in Arbeiten II (1897) as "Zur Athetosis bilateralis" together with "Ein Beitrag zur Athetosis..." WKW (2) 1889.

<sup>4</sup> Reprinted in Arbeiten IV (1899).

<sup>5</sup> Quoted acc. to Jahresbericht über die Leistungen... (1) 1898, pp 1354-55. (The review mentions that this is a translation of a paper published in the JP; judged from the brief summary this must be the article in JP (14) 1896).

*Arbeiten aus dem Gesamtgebiet der Psychiatrie und Neuropathologie. 3. Heft. Leipzig (Joh. Ambr. Barth) 245p.<sup>1</sup>*

<the following nine articles would appear to be published here for the first time:>

Zur Aetiologie der Paralysis agitans.

Ueber Dämmer- und Traumzustände. (Dritter Aufsatz).

Ueber typische Delirien bei Epileptikern.

Ueber idiopathisches periodisch wiederkehrendes Irresein in Form von Delirium.

Epileptische Psychosen.

Zur chirurgischen Behandlung der Epilepsie.

Ueber Ecmnesie.

Ueber retrograde allgemeine Amnesie.

Hysteria gravis. Castration. Dauernde Genesung.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie. 10. verb. u. theilw. verm. Aufl., Stuttgart (Enke), VIII + 376p.<sup>2</sup>*

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<sup>1</sup> content of Arbeiten III (1898):

- 1) Zur Aetiologie der Paralysis agitans. (1898)
- 2) Ueber Dämmer- und Traumzustände:  
Erster Aufsatz: 1875 recte 1877  
Zweiter Aufsatz: 1877  
Dritter Aufsatz: 1898
- 3) Ueber typische Delirien bei Epileptikern. (1898)
- 4) Ueber idiopathisches periodisch wiederkehrendes Irresein in Form von Delirium. (1898)
- 5) Epileptische Psychosen. (1898)
- 6) Zur chirurgischen Behandlung der Epilepsie. (1898)
- 7) Ueber Ecmnesie. (1898)
- 8) Ueber retrograde allgemeine Amnesie. (1898)
- 9) Meineid. Hysterismus. Behauptete Amnesie und Unzurechnungsfähigkeit. (1894 recte 1895)
- 10) Hysteria gravis. Castration. Dauernde Genesung. (1898)

<sup>2</sup> First edition 1886.

*Ueber gesunde und kranke Nerven.*, 4. durchges. u. erweit. Aufl.,  
Tübingen (Laupp) VIII + 176p.<sup>1</sup>

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Tabes dorsalis. Klinische Vorlesung. AWZ (43) 337-38; 347-48;  
359-60; 369-70.

Der Morphinismus. Klinische Vorlesung. AWZ (43) 47-48; 59-60.

Die Manie. Klinische Vorlesung. AWZ (43) 411-12; 423-24.

**R:** Bericht über die psychiatrische Literatur im Jahre 1896. 3.  
Gerichtliche Psychopathologie. AZP (54) 10\*-37\*

**R:** Bericht über die psychiatrische Literatur im Jahre 1897. 3.  
Gerichtliche Psychopathologie. AZP (55) 22\*-38\*

Ueber eine typische an Paralysis agitans erinnernde Form von  
hysterischem Schütteltremor. WKW (11) 1113-17.

Die Aetiologie der Paralysis agitans. WKW.<sup>2</sup>

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<sup>1</sup> First edition 1885.

<sup>2</sup> Acc. to Jahresberichte über die Leistungen... (2) 1898, p 552  
(which adds as reference: No1, p 17).



1899

*Arbeiten aus dem Gesamtgebiet der Psychiatrie und Neuropathologie. 4. Heft.* Leipzig (Joh. Ambr. Barth) 207p + Register Hefte 1-4.<sup>1</sup>

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<the following eight articles would appear to be published here for the first time:><sup>2</sup>

Zur Aetiologie der multiplen Sklerose. (2. Aufsatz)

Ueber Unzucht mit Kindern und Pädophilia erotica. (2. Aufsatz)

Beiträge zur Kenntniss des Masochismus. (2. Aufsatz)

Zum Sadismus.

Zum Fetischismus.

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<sup>1</sup> content of Arbeiten IV (1899):

1) Zur Aetiologie der multiplen Sklerose:

Erster Aufsatz: 1895

Zweiter Aufsatz: 1898 recte 1899

2) Zur Lehre von den Zwangsvorstellungen.

- Vorwort.

- Ueber gewisse formale Störungen des Vorstellens und ihren Einfluss auf die Selbstbestimmungsfähigkeit. (1870)

- Ueber Geistesstörung durch Zwangsvorstellungen. (1878 recte 1879)

- Ueber Zwangsvorstellungen bei Nervenkranken. (1883)

- Ueber eine seltene Form von Neurasthenia sexualis mit Zwangsvorstellungen. (1892)

3) Zur Psycho- und Neuropathia sexualis.

- 1. Ueber Unzucht mit Kindern und Pädophilia erotica. (1895 recte 1896 and 1898 recte 1899)

- 2. Beiträge zur Kenntniss des Masochismus. (1894 and 1898 recte 1899)

- 3. Zum Sadismus. (1898 recte 1899)

- 4. Zum Fetischismus. (1898 recte 1899)

- 5. Ueber Anästhesia sexualis congenita. (1898 recte 1899)

- 6. Ueber Hyperästhesia sexualis. (1898 recte 1899)

- 7. Zur Castratio virorum. (1898 recte 1899)

- 8. Ueber das Zustandekommen der Wollustempfindung und deren Mangel (Anaphrodisie) beim sexuellen Act. (1891)

- 9. Gerichtliches Gutachten über ein von dem Techniker Paul Gassen erfundenes Instrument zur Behebung der Impotenz, genannt Erector. (1897)

<sup>2</sup> Krafft-Ebing dated all these articles as 1898, which is confusing since Arbeiten IV was published in 1899 (maybe early that year, there is no preface from which to tell), hence my repetitive corrections.

Ueber Anästhesia sexualis congenita.

Ueber Hyperästhesia sexualis.

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Zur Castratio virorum.

*Die zweifelhaften Geisteszustände vor dem Civilrichter des Deutschen Reiches nach Einführung des B.G.B.* 2. Aufl. Stuttgart.<sup>1</sup>

*Lehrbuch der gerichtlichen Psychopathologie mit Berücksichtigung der Gesetzgebung von Oesterreich, Frankreich und Deutschland.* 3. umgearb. Aufl., 2. Ausg., Stuttgart (Enke).<sup>2</sup>

*Psychopathia Sexualis with especial reference to contrary sexual instincts. A medico-legal study.* Author. transl. of the 7th enlarged and revised German ed. by Charles Gilbert Chaddock, Philadelphia (F.A. Davis), XIV + 436p. sold by subscription only.<sup>3</sup>

*Psychopathia Sexualis with especial reference to antipathic Sexual Instinct.* The only author. English transl. of the 10th German ed. London (Rebman), XV + 585p.<sup>4</sup>

*Zur Geschichte der Pest in Wien 1349-1898.* Vortrag gehalten am Wiener Volksbildungsverein am 17. Jan. 1899. Leipzig, Wien (Deuticke) 50p.

Preface to: A. Fuchs: *Therapie der anomalen vita sexualis bei Männern. Mit specieller Berücksichtigung der Suggestivbehandlung.* Stuttgart (Enke).

Relations between Neuralgia and Transitory Psychoses. AN (20) 408-38.<sup>5</sup>

Hemicrania and its relations to Epilepsy and Hysteria. AN (20) 586-610.<sup>6</sup>

Ein Fall von hysterischem Mutismus. Klinische Vorlesung. AWZ (44) 395-96; 405-406; 417-18.

Ueber Hemicranie. Klinische Vorlesung. AWZ (44) 209-10.

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<sup>1</sup> Quoted acc. to GV.

<sup>2</sup> First edition 1875.

<sup>3</sup> First German edition 1886.

<sup>4</sup> First German edition 1886.

<sup>5</sup> Translation of "Beziehungen zwischen Neuralgie..." published in Arbeiten I (1897).

<sup>6</sup> Translation of "Ueber Hemicranie..." published in Arbeiten I (1897).

Ueber Puerperalpsychosen. Klinische Vorlesung. AWZ (44) 245-46; 255-56; 267-68.

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R: Bericht über die psychiatrische Literatur im Jahre 1898. 3. Gerichtliche Psychopathologie. AZP (56) 39\*-50\*

Ueber Paralysis agitans durch mechanisches Trauma. WKW (12) 19-22.

Ueber locales Surmenage als Ursache von Paralysis agitans. WKW (12) 98-99.

Zur Aetiologie der Chorea Sydenhami. WKW (12) 1059-62.

Ueber Pseudotetanie. PMW<sup>1</sup>

## 1900

*Die zweifelhaften Geisteszustände vor dem Civilrichter des Deutschen Reiches nach Einführung des bürgerlichen Gesetzbuchs.* 2. Aufl. (aus: Lehrbuch der gerichtlichen Psychopathologie) Stuttgart (Enke), 35p.

*Lehrbuch der gerichtlichen Psychopathologie mit Berücksichtigung der Gesetzgebung von Oesterreich, Deutschland und Frankreich.* 3. umgearb. Aufl., 2. Ausg., mit einem Nachtrag: Die zweifelhaften Geisteszustände vor dem Zivilrichter des deutschen Reiches nach Einführung des bürgerlichen Gesetzbuchs. Stuttgart (Enke), XVI + 523p.<sup>2</sup>

*Médecine légale des aliénés.* Ed. française tr. sur la dernière éd. allemande et annotée par A. Rémond. Paris (Doin), XIV + 544p.<sup>3</sup>

*Psychopathia Sexualis with especial reference to contrary sexual instincts. A medico-legal study.* Author. transl. of the 7th enlarged and revised German ed. by Charles Gilbert Chaddock, Philadelphia (F.A. Davis), XIV + 436p. sold by subscription only.<sup>4</sup>

*Psychopathia Sexualis with especial reference to antipathic Sexual Instinct.* The only author. English transl. of the 10th German ed. Chicago (W.T. Keener and Co), XV + 585p.<sup>5</sup>

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<sup>1</sup> Quoted acc. Jahresbericht über die Leistungen... (3) 1899, p 823 (which gives as reference: XXIV, No 14).

<sup>2</sup> First edition of the forensic textbook 1875; the addition to the textbook was first published separately in 1873 under the same title.

<sup>3</sup> First German edition 1875.

<sup>4</sup> First German edition 1886.

<sup>5</sup> First German edition 1886.

"Die Aetiologie der progressiven Paralyse. Vortrag am internationalen medizinischen Congress in Moskau vom 10. August 1897". in: *Comptes -Rendus du XII Congrès international de médecine, Moscou 7 (19) - 14 (26) Août 1897.* publié par W. Roth. 8 vols., vol. 1, 183-98. Moscou (I.N. Kouchnérev u. Cie).<sup>1</sup>

"Nervosität und neurasthenische Zustände" in: Nothnagel: *Specielle Pathologie und Therapie.* Wien (Hölder). 2. verb. Aufl. von Bd. 12.<sup>2</sup>

"Ueber Pseudotetanie" in: *Beiträge zur inneren Medicin. Festschrift aus Anlass des Congresses für Innere Medicin in Karlsbad im April 1899.* Hg von R. v. Jaksch u. I. Herrnheiser, Wien (Alfred Hölder) 21-31.

Transitory mental disorder in hemicrania. AN (21) 41-69.<sup>3</sup>

Simulation of organic disease of the nervous system by hysteria. AN (21) 590-633.<sup>4</sup>

Multiple Sklerose. Klinische Vorlesung. AWZ (45) 13-15; 25-26.

R: Bericht über die psychiatrische Literatur im Jahre 1899. 3. Gerichtliche Psychopathologie. AZP (57) 25\*-57\*

Ein scheinbarer Fall von Paralysis agitans. DZNK (16) 492-94.

Ueber infantile familiäre spastische Spinalparalyse. DZNK (17) 87-98; 141-68.

Drei Conträrsexuelle vor Gericht. JP (19) 262-82.

La neurasthénie et les principales formes sous lesquelles elle se présente. MBV (6) 650-58.

Ueber Psychosen bei Chorea. WKR.<sup>5</sup>

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<sup>1</sup> An earlier version of this lecture is reprinted in Arbeiten II (1897). (It is footnoted "a draft" but appears to be the same text).

<sup>2</sup> First edition see under 1895.

<sup>3</sup> Translation of "Ueber transitorische Geistesstörung bei Hemicranie" in its adapted version reprinted in Arbeiten I (1897).

<sup>4</sup> Translation of "Einleitung" and "Hysterische Hemiplegien" published in Arbeiten II (1897).

<sup>5</sup> Incomplete reference since journal not available. Fuchs (1902) p 28 quotes as vol: XIV.30 and the Jahresbericht über die Leistungen... (4) 1901 p 963 gives the page as 589 (no vol.).

Ueber sexuelle Persionen, welche in Gestalt von  
Zwangsvorstellungen und Zwangshandlungen sich äussernd,  
gerichtlich-medicinisch von Bedeutung sind. WMB, 13. Sept.<sup>1</sup>

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Paralysis agitans. ZHIK (16B) 492.

## 1901

*Psychopathia sexualis mit besonderer Berücksichtigung der  
conträren Sexualempfindung; eine medicinisch-gerichtliche  
Studie für Aerzte und Juristen.* 11. verb. u. verm. Aufl., Stuttgart  
(Enke), VIII + 419p.<sup>2</sup>

*Psychopathia Sexualis with especial reference to contrary sexual  
instincts. A medico-legal study.* Author. transl. of the 7th  
enlarged and revised German ed. by Charles Gilbert  
Chaddock, Philadelphia (F.A. Davis), XIV + 436p. sold by  
subscription only.<sup>3</sup>

*Psychopathia Sexualis with especial reference to antipathic  
Sexual Instinct.* The only author. English transl. of the 10th  
German ed. Chicago (W.T. Keener and Co), XV + 585p.<sup>4</sup>

"Ueber sexuelle Persionen" in: Ernst von Leyden and Felix  
Klemperer (ed.): *Die deutsche Klinik am Eingang des 20  
Jahrhunderts in akademischen Vorlesungen* Berlin und Wien  
(Urban und Schwarzenberg), 14 Bd. 1903-1913; Bd 6,2  
(1906)113-54.<sup>5</sup>

Ueber Puerperalpsychose. Klinische Vorlesung. AWZ (46) 475-76;  
487-88; 499-500.

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<sup>1</sup> Quoted acc. to Jahresbericht über die Leistungen... (4) 1901 p 999.  
This appears to have been a lecture read out by Heinrich  
Obersteiner, but written by Krafft-Ebing and given on 6 Aug. 1900  
in the psychiatric section of the 13th international congress of  
medicine held in Paris. I have not seen a copy, but a French  
summary of the paper published in Archives de Neurologie (10)  
1900, pp 430-32.

<sup>2</sup> First edition 1886.

<sup>3</sup> First German edition 1886.

<sup>4</sup> First German edition 1886.

<sup>5</sup> The date of Krafft-Ebing's contribution is uncertain, but  
probably 1901 which is the date given by the review journal  
Jahresbericht über die Leistungen... (5) 1902, p 923. 1901 also  
makes sense considering the content and the references in the  
text: eg. Krafft-Ebing quotes his 11th edition of the Psychopathia  
sexualis (1901) (see p 118). The editors have not given any further  
dates (also not in the introduction to the series by von Leyden); the  
actual publication date of vol. 6 is 1906.

Ueber Beziehungen zwischen Neuralgie und transitorischer Psychose. AZP (58) 463-65.

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Flagellatio puerorum als Ausdruck des larvirten Sadismus eines pädophilen Conträrsexuellen. Fragliche rechtliche Verantwortlichkeit. AZP (58) 545-57.

R: Bericht über die psychiatrische Literatur im Jahre 1900. 3. Gerichtliche Psychopathologie. AZP (58) 48\*-75\*

Neue Studien auf dem Gebiete der Homosexualität. JSZ (3) 1-36.

Civilrechtliche Psychiatrie. JUGM (2) 422-30.

## 1902

*Psychosis menstrualis. Eine klinisch-forensische Studie.* Stuttgart (Enke) 112p.

Pseudospastic paresis. (Simulation of spastic spinal paresis by hysteria.) AN (23) 305-24.

Ueber Morphiumentwöhnung. Klinische Vorlesung. AWZ (47) 185-86; 195-96.

Ueber Polyneuritis. AWZ (47) 303-305.<sup>1</sup>

R: Schüle, Fischer, Haardt: Denkschrift über den gegenwärtigen Stand der Irrenfürsorge in Baden und deren künftige Gestaltung. Karlsruhe (Braun'sche Hofbuchdruckerei) 178p./ AZP (59) 577-81.

R: Bericht über die psychiatrische Literatur im Jahre 1901. 3. Gerichtliche Psychopathologie. AZP (59) 60\*-84\*

Ueber Migränepsychosen. JP (21) 38-49.

Stellung der Aerzte in der Irrenanstalt. NFP vom 6.11.1902.

Ueber Morphinodipsie. WKW (15) 1006-08.

Gehirn und Seelenleben. Z (31,32) 181-182.

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<sup>1</sup> This article is footnoted: "Abschiedsvorlesung des Autors vor seinem Rücktritte vom Lehramt." (AWZ dated 15 July 1902).

The Psychopathia sexualis, first published in 1886 went through 12 editions under Krafft-Ebing's direct editorship. (The 12th edition was revised by him, but published posthumously (in 1903) by his two collaborators and co-directors of the sanatorium Mariagrün, Hugo Gugl and Anton Stichl). From the 2nd to the 10th editions the title remained identical and was then slightly changed. The 13th to 15th editions were revised and enlarged by Alfred Fuchs and the 16th (plus 17th) edition by Albert Moll. More recently one of these editions (the 14th of 1912) has come back into print in a facsimile version with added contemporary essays (1984). The posthumous editions from 1907 kept the structure of Krafft-Ebing's original book but contained added new clinical material (i.e. cases of patients seen by Fuchs and Moll). All 17 editions were published by the renowned medical and scientific publisher Enke in Stuttgart, who published all of Krafft-Ebing's books with the exception of his collected works.<sup>1</sup>

Between 1937 and 1962 there appeared another series of editions of the Psychopathia sexualis. "Freely changed" by Alexander Hartwich, the book now appeared under a completely new title. These editions have been included in the present list, because they are usually quoted under Krafft-Ebing in bibliographical reference works, but the text can not be taken as Krafft-Ebing's, as is also clearly stated in the preface. (Hartwich's version of Krafft-Ebing's

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<sup>1</sup> The Arbeiten aus dem Gesamtgebiet... (1897-99) were published by Johann Ambrosius Barth in Leipzig. There exists a history of the publisher Enke, see Enke (1987).

text has also been translated into English and is included on the English list).

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The Psychopathia sexualis was translated into five foreign languages.<sup>1</sup> These are (in chronological order of first translation): Russian (1887), Italian (1889), English (1892), Hungarian (1894) and French (1895). Of the foreign language translations, the number of English translations is by far the most impressive. This is so in spite (or because?) of its initially reserved reception by the medical establishment. The frequently quoted review in the British Medical Journal had, after all, expressed clearly that German (if not Latin) was more suitable for the topic than English:

We have taken some time to consider whether we should notice this book or not, and have, in the end, decided that the importance of the subject and the position of the author make it necessary to refer to it. It is, we believe, unique in the fulness with which the subject has been treated, but we question whether it need have been translated. Anyone wishing to study the subject might just as well have gone to the original, and some may be disposed to go even further and regret that the whole had not been written in Latin, and thus veiled in the decent obscurity of a dead language.<sup>2</sup>

In principle there exist two official English-language translations: the earlier one was the translation by the American psychiatrist

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<sup>1</sup> Fuchs (1902) p 28 claimed that the book had been translated into seven languages. I have so far only found the five languages quoted i.e. I have found no further references in the literature, various prefaces and comments to the Psychopathia sexualis and the usual bibliographical reference books. Since the national bibliographies of Finland and Sweden do not list the book, these two languages appear to be excluded. The Spanish national bibliography also does not have an entry, but since it only starts for 1901, a Spanish translation could be possible.

<sup>2</sup> British Medical Journal (1893 vol 1) p 1325. The Journal of Mental Science (34) 1888/89 p 270 had expressed a more neutral if not enthusiastic view (see chapter 5, n39).



Charles Gilbert Chaddock, based on the 7th German edition, the other was done by a professional English interpreter, Rebman, based on the 10th and 12th German editions. Next to these editions there appeared a whole range of apparently illegal publications, some of which were clearly stolen from the official editions (judging by subtitles and identical page numbers), and some of which I have not been able to allocate (not all editions available for checking). Probably the wildest claim is that of the New York (Putnam) edition of 1965, which states in its subtitle that it represents the first unexpurgated edition in English and that it was translated from the Latin by one Harry E. Wedeck. The present list puts all editions, including the version by Hartwich, according to chronology but without listing the obvious re-editions separately.

*Psychopathia sexualis. Eine klinisch-forensische Studie.* (1886). Stuttgart (Enke), VIII + 110p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* (1887). Stuttgart (Enke), 2. verm. u. verb. Aufl., VIII + 148p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* (1888). Stuttgart (Enke), 3. verm. u. verb. Aufl., VIII + 177p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* (1889). Stuttgart (Enke), 4. verm. u. theilw. umgearb. Aufl., VIII + 226p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* (1890). Stuttgart (Enke), 5. verm. u. theilw. umgearb. Aufl., VIII + 295p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* (1891). Stuttgart (Enke), 6. verm. u. theilw. umgearb. Aufl., VIII + 328p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* (1892). Stuttgart (Enke), 7. verm. u. theilw. umgearb. Aufl., 1892, IX + 432p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* (1893). Stuttgart (Enke), 8. verb. u. theilw. verm. Aufl., 1893, X + 442p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* (1894). Stuttgart (Enke), 9. verb. u. theilw. verm. Aufl., X + 414p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine klinisch-forensische Studie.* (1898). Stuttgart (Enke), 10. verb. u. theilw. verm. Aufl., VIII + 376p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine medicinisch-gerichtliche*

*Studie für Aerzte und Juristen.* (1901). Stuttgart (Enke), 11. verb. u. verm. Aufl., VIII + 419p.

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*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine medicinisch-gerichtliche Studie für Aerzte und Juristen.* (1903). Stuttgart (Enke), hg. von Dr. Gugl und Dr. Stichl, 12. verb. u. verm. Aufl., IX + 437p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine medicinisch-gerichtliche Studie für Aerzte und Juristen.* (1907). Stuttgart (Enke), hg. von Alfred Fuchs, 13. verm. Aufl., XI + 452p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine medicinisch-gerichtliche Studie für Aerzte und Juristen.* (1912). Stuttgart (Enke), hg. von Alfred Fuchs, 14. verm. Aufl., XI + 460p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine medicinisch-gerichtliche Studie für Aerzte und Juristen.* (1918). Stuttgart (Enke), hg. von Alfred Fuchs, 15. verm. Aufl., XII + 431p.

*Psychopathia sexualis mit besonderer Berücksichtigung der conträren Sexualempfindung; eine medicinisch-gerichtliche Studie für Aerzte und Juristen.* (1924). Stuttgart (Enke), hg. von Albert Moll, 16. u. 17. vollstd. umgearb. Aufl., VII + 832p.

*Psychopathia sexualis.* Mit Beiträgen von Georges Bataille, Werner Brede, Albert Caraco, Salvador Dalí, Ernst Fuhrmann, Maurice Heine, Julia Kristeva, Paul Kruntorad und Elisabeth Lenk. (1984). München (Matthes & Seitz) 7-52p/ XI + 460p. <Facsimile print of the 14th (1912) ed. with introductory comments of the listed authors>.

#### Adaptation of the "Psychopathia sexualis" by Alexander Hartwich<sup>1</sup>

*Die Verirrungen des Geschlechtslebens (Persionen und Anomalien).* Auf Grund der 11. Aufl. von Psychopathia sexualis, eine medizinisch-gerichtliche Studie für Aerzte und Juristen, frei bearbeitet von Alexander Hartwich. (1937). Zürich u. Leipzig (A. Müller), 317p.

*Die Verirrungen des Geschlechtslebens (Persionen und Anomalien).* Auf Grund der 11. Aufl. von Psychopathia

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<sup>1</sup> Curiously no 2nd nor 6th to 11th editions are listed in the GV-catalogue. The still existent publishers Müller, Rüschlikon, could not solve the problem either since they underwent major changes in 1990 during which all documents relating to 1985 and before were destroyed. (Information by letter of 22. 4. 1991).

sexualis, eine medizinisch-gerichtliche Studie für Aerzte und Juristen, frei bearbeitet von Alexander Hartwich. (1947). 3. Aufl., Rüschlikon-Zürich (A. Müller), 218p.

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*Die Verirrungen des Geschlechtslebens (Perversionen und Anomalien).* Auf Grund der 11. Aufl. von Psychopathia sexualis, eine medizinisch-gerichtliche Studie für Aerzte und Juristen, frei bearbeitet von Alexander Hartwich. (1952). 4. Aufl., Rüschlikon-Zürich (A. Müller), 281p.

*Die Verirrungen des Geschlechtslebens (Perversionen und Anomalien).* Auf Grund der 11. Aufl. von Psychopathia sexualis, eine medizinisch-gerichtliche Studie für Aerzte und Juristen, frei bearbeitet von Alexander Hartwich. (1956). 5. Aufl., Rüschlikon-Zürich (A. Müller), 256p.

*Die Verirrungen des Geschlechtslebens (Perversionen und Anomalien).* Auf Grund der 11. Aufl. von Psychopathia sexualis, eine medizinisch-gerichtliche Studie für Aerzte und Juristen, frei bearbeitet von Alexander Hartwich. (1962). 12. Aufl., Rüschlikon-Zürich, Stuttgart, Wien (A. Müller), 256p.

Russian

<*Psychopathia sexualis* : Russian edition, 1887><sup>1</sup>

Italian

*Le psicopatie sessuali, con speciale considerazione alla inversione sessuale; studio clinico-legale.* Traduzione sulla seconda edizione tedesca dei dottori Enrico Sterz e Luigi Waldhart. Introduzione del prof. Cesare Lombroso. (1889), Torino (Bocca), XXXII + 167p.

*I pervertimenti sessuali, psicologia-patologica-terapeutica.*  
*Psicopatìa sessuale. Sadismo, masochismo, feticismo, ricerche speciali.* 1. ed. italiana, eseguita sulla edizione francese del 1895. (1896), Roma (frat. Capaccini), 272p.<sup>2</sup>

*Psychopathia sexualis.* Traduzione italiana sulla 16 e 17 edizione tedesca complementamente reelaborata da Albert Moll con note di adeguamento al diritto italiana a cura di Piero Giolla. (1952), Milano (C. Manfredi), XII + 1011p.

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<sup>1</sup>The NUC-catalogue quotes a Russian translation of the Psychopathia sexualis, translated by one Kovalevskii Pavel Ivanovich (1849-) and containing 128p. The catalogue does not render the title in transcription.

<sup>2</sup> I have not seen this book (quoted here after Surgeon General catalogue): it is either an extract of the Psychopathia sexualis in its French translation of 1895, or it might - guessing the content from the title - be a translation of Krafft-Ebing's Neue Forschungen... (1890, 2nd ed. 1891) for which I have however not found a French translation so far.

English editions appeared in the following years: 1892, 1893, 1899, 1900, 1901, 1904, 1906, 1908, 191-? <sic, acc. to NUC>, 1921, 1922, 1924, 1925, 1927, 1928, 1929, 1930, 1932, 1933, 1934, 1938, 1939, 1943, 1945, 1947, 1950, 1951, 1952, 1953, 1959, 1962, 1965, 1967 and 1978.

*Psychopathia Sexualis with especial reference to contrary sexual instincts. A medico-legal study.* Authorized translation of the seventh enlarged and revised German ed. by Charles Gilbert Chaddock. (1892), Philadelphia and London (F.A. Davis Co), XIV + 436p., sold by subscription only. Re-issued: 1893, 1899, 1900, 1901, 1908 and 1921.

*Psychopathia Sexualis with especial reference to antipathic Sexual Instinct. A medico-forensic study.* The only authorized English translation of the tenth German ed. (1899), London (Rebman), XV + 585p.

*Psychopathia Sexualis with especial reference to antipathic Sexual Instinct.* The only authorized English translation of the tenth German ed. by F.J. Rebman. (1900), Chicago (W.T. Keener and Co), XV + 585p. Re-issued: 1901.

*Psychopathia Sexualis with especial reference to antipathic Sexual Instinct.* The only authorized English translation of the 10th German ed. by F.J. Rebman (1904), New York (Rebman Company), XV + 585p.

*Psychopathia Sexualis with especial reference to antipathic Sexual Instinct.* Only authorized adaptation of the twelfth German ed. by F.J. Rebman. With author's portrait as frontispiece. (1906), New York, London (Rebman Company), XIII + 617p.

*Psychopathia Sexualis.* (1906), New York (Medical Art Agency), 617p.

*Psychopathia Sexualis. A medico-forensic study.* English translation of the tenth German ed. (1908), New York (Samuel Login), 585p.

*Psychopathia Sexualis with especial reference to the antipathic sexual instinct; a medico-forensic study.* Only author. Engl. adapt. of the 12th German ed. by F.J. Rebman. With author's portrait as frontispiece. 191-? <sic; acc. to NUC>, New York (Medical Art Agency), XII + 617p.

*Psychopathia Sexualis with especial reference to the antipathic sexual instinct; a medico-forensic study.* Only authorised

Engl. adaptation of the 12th German edition by F. J. Rebman, (1922), New York (Rebman Company), XIII + 617.

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*Psychopathia Sexualis with especial reference to the antipathic Sexual Instinct. A medico-forensic study.* Only authorized English adaptation of the 12th German ed. <or: of the last German ed. revised by Kraft-Ebing <sic>>, (1922), London (William Heinemann; Medical books), XIII + 617p. <copyright by Rebman Company NY> Re-issued: 1939.

*Psychopathia Sexualis with especial reference to the antipathic sexual instinct; a medico-forensic study.* Only authorized English adaptation of the 12th German ed. by F. J. Rebman. Rev. ed. (1924), Brooklyn, NY (Physicians and Surgeons Book Co), XIII + 617p. Re-issued <c1922>: 1925, 1927, 1929, 1930, 1932, 1933, 1934 and 1938.

*Psychopathia Sexualis with especial reference to the antipathic sexual instinct; a medico-forensic study.* Only authorized English adaptation of the 12th German ed. by F. J. Rebman. Rev. ed. (1928) Chicago (Login Bros. Agents), XIII + 617p.

*Psychopathia Sexualis. A medico-forensic study.* Only author. Engl. adaptation (by F.J. Rebman) of the last German ed. revised by Krafft-Ebing with introduction and supplement by V. Robinson. (1939) London (USA pr.), XIII + 626p.

*Psychopathia Sexualis. A medico-forensic study.* Only author. Engl. adaptation (by F.J. Rebman) of the last German ed. revised by Krafft-Ebing with introduction and suppl. by V. Robinson. (1939), New York (Pioneer publications) 2pl, XIII + 626p. Re-issued: 1943, 1945, 1947, 1950, 1953.

*Aberrations of sexual life. After the Psychopathia sexualis of Dr. R. v. Krafft-Ebing. A medico-legal study for doctors and lawyers,* brought up to date and issued by Alexander Hartwich; transl. from the German by Arthur Vivian Burbury. (1951), London, New York (Staples Press), 345p., Re-issued: 1952, <added: rev. ed.> 1959.

*Aberrations of sexual life. After the Psychopathia sexualis of Dr. R. v. Krafft-Ebing. A medico-legal study for doctors and lawyers,* brought up to date and issued by Alexander Hartwich; transl. from the German by Arthur Vivian Burbury. (1962), New York (Capricorn Books), (c1959), 351p.

*Aberrations of sexual life. After the Psychopathia sexualis of Dr. R. v. Krafft-Ebing. A medico-legal study for doctors and lawyers,* brought up to date and issued by Alexander Hartwich; transl. from the German by Arthur Vivian Burbury. (1965), London (Panther) 386p. <c1959, Staples Press>

*Psychopathia Sexualis, with especial reference to the antipathic sexual instinct. A medico-forensic study.* Only authorized English adaptation of the twelfth German ed. by F.J. Rebman. (1965). New York (Paperback Library), XVII + 434p.

*Psychopathia Sexualis.* Translated and with an introd. by L.T. Woodward. (1965). Evanston (Greenleaf Pub Co) (A Greenleaf classic) 384p.

*Psychopathia Sexualis. A medico-forensic study.* With an introduction by Ernest van den Haag., transl. from the Latin by Harry E. Wedeck. First unexpurgated ed. in English. (1965). New York (G.P. Putnam's Sons) 512p.

*Psychopathia Sexualis. With especial reference to the antipathetic sexual instinct. A medico-forensic study by Richard von Krafft-Ebing.* Translated from the twelfth German ed. and with an introd. by Franklin S. Klaf. Foreword by Daniel Blain. (1965) London (Staples Press), XVII + 434p.

*Psychopathia Sexualis. With especial reference to the antipathetic sexual instinct. A medico-forensic study by Richard von Krafft-Ebing.* Translated from the twelfth German ed. and with an introd. by Franklin S. Klaf. Foreword by Daniel Blain. First complete translation into English. (1965), New York (Stein and Day), XVII + 434p. <1978: In Paperback by the same publisher, called a Scarborough Book>.

*Psychopathia Sexualis. With especial reference to the antipathetic sexual instinct. A medico-forensic study by Richard von Krafft-Ebing.* Translated from the twelfth German ed. and with an introd. by Franklin S. Klaf. Foreword by Daniel Blain. (1965), New York (Bell Pub. Co), XVII + 434p.

*Psychopathia Sexualis. With especial reference to the antipathetic sexual instinct. A medico-forensic study by Richard von Krafft-Ebing.* Translated from the twelfth German ed. and with an introd. by Franklin S. Klaf. Foreword by Daniel Blain. 1st complete transl. in English. (1965), New York (Bentam), XXIII + 520p.

*Psychopathia Sexualis. With especial reference to the antipathetic sexual instinct. A medico-forensic study by Richard von Krafft-Ebing.* Translated from the twelfth German ed. and with an introd. by Franklin S. Klaf. Foreword by Daniel Blain. (1967), London (A Mayflower-Dell Paperback), XIII + 434p. <c1965: translation and introd. by Franklin S. Klaf; Foreword by Stein and Day>

The sexual offender by R. v. Krafft-Ebing with an introduction by Robert H.V. Ollendorff. (1967), London (Ortolan P.), (Lovecrest books), 159p. <acc. NUC-catalogue: selected translations from *Psychopathia sexualis*>.



*Psychopathia sexualis a visszás nemi érzések különös figyelembevételével.* Törvénytörési tanulmány. A 8. kiadásból fordította dr. Fischer Jakob. (1894), Bpest (Singer és Wolfner), V + 394p. <translation of the 8th German ed.>

*Psychopathia sexualis, különös tekintettel a rendellenes nemi érzésre.* Törvénytörési orvosi tanulmány orvosok és jogászok számára. A 12. bővített és javított kiadás után magyarra fordította. S.K.M.dr. (1908), 2. jav. kiad. Budapest (Kostyál J.), VII + 387p.

*Psychopathia sexualis, különös tekintettel a rendellenes nemi érzésre.* Törvénytörési orvosi tanulmány orvosok és jogászok számára. A 12. bővített és javított kiadás után magyarra fordította. S.K.M.dr. (1926), Budapest (Nova), 478p.

French

*Psychopathia sexualis, avec recherches spéciales sur l'inversion sexuelle.* Tr. sur la 8. éd. allemande par Émile Laurent et Sigismond Csapo. (1895), Paris (Carré), VIII + 595p.

*Psychopathia sexualis, avec recherches spéciales sur l'inversion sexuelle.* Tr. sur la 8. éd. allemande par Émile Laurent et Sigismond Csapo. (1895), Paris (Masson), VIII + 595p.

*Psychopathia sexualis. Étude médico-légale à l'usage des médecins et des juristes.* 16e et 17e éditions allemandes refondues par le Dr. Albert Moll, Geheimer Sanitätsrat. Traduction française par René Lobstein, docteur en droit (sciences juridiques et sciences politiques), bibliothécaire à la faculté de médecine de Paris. Préface du Dr. Pierre Janet de l'institut, professeur au collège de France. (1931), Paris (Payot).

*Psychopathia sexualis. Étude médico-légale à l'usage des médecins et des juristes.* 16e et 17e éditions allemandes refondues par le Dr. Albert Moll, Geheimer Sanitätsrat. Traduction française par René Lobstein, docteur en droit (sciences juridiques et sciences politiques), bibliothécaire à la faculté de médecine de Paris. Préface du Dr. Pierre Janet de l'institut, professeur au collège de France. (1958), Paris (Payot).

This is a transcription of the few manuscripts written by Krafft-Ebing found so far. Krafft-Ebing's 19th century hand is not easy to read, insecure reading has been indicated by <>.<sup>1</sup> The text has been rendered as composed on the page.

The numbering is mine and refers to the suggested chronology within my collection. I have searched for manuscripts in the obvious places: under Krafft-Ebing in German libraries, in particular using the centralised catalogue of German archives at the Staatsbibliothek Berlin<sup>2</sup> and the university libraries in Vienna and Graz. I have checked out for possible correspondence some of the more important acquaintances of Krafft-Ebing such as his grandfather Carl Anton Mittermaier (1787-1867) and his friend Heinrich Schüle (1840-1916) but with negative result. There exist certainly a few more manuscripts, mainly postcards, which are not included here since they belong to the family of Krafft-Ebing living in Graz and it was not possible to obtain photocopies.

Most of the manuscripts listed here are short and uninteresting and they have therefore not been translated. I have added my translation of the two letters I do find interesting: nrs. 2 and 9.

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<sup>1</sup> My thanks in helping me to decipher the text go to: Irmgard Hort, Michael Hagner, Magda Whitrow, Marianne Winder and Vivian Nutton, who also helped with my translations.

<sup>2</sup> Staatsbibliothek Preussischer Kulturbesitz/1000 Berlin 30.

BSB	Bayerische Staatsbibliothek, München
Göttingen	Niedersächsische Staats u. Universitätsbibliothek
Karlsruhe	Stadtbibliothek
ÖNB	Österreichische Nationalbibliothek, Wien

**1) 2.II.1887**

**Brief Krafft-Ebing's aus Heidelberg an Herrn Schreiner, 1 S.  
ÖNB Autogr. 146/38-3.**

Heidelberg 2.II.1887.

Verehrtester Herr Schreiner!  
Ihre freundliche Mittheilung über Ihre  
bevorstehende Vermählung habe ich heute  
erhalten, ich freue mich sehr über diese  
frohe Nachricht & wünsche Ihnen von  
ganzem Herzen Glück dazu, am 7  
d. Mo. werde ich auf Ihr Wohl eine  
Flasche edlen Rheinweins ausstechen. <sic>  
Bitte vermitteln Sie meine Wünsche  
auch Ihrer verehrten Frl. Braut u.  
vergessen Sie in Ihrem Glücke Ihren  
nicht ganz <word order sic>  
ergebensten  
Frhr. von Krafft-Ebing  
(?)

2) 19. Mai 1887.

Gutachten Krafft-Ebing's über Paul von Mecklenburg, 7  
S.  
ÖNB, Autogr. 213/61-3.

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<page 1>

Gutachten.

Seine Hoheit Herzog Paul von Mecklenburg erwies dem ergebenst Unterzeichneten heute die Ehre ihn seines leidenden Zustandes wegen zu consultieren. Nach genauer Untersuchung wurde folg. Befund gewonnen.

Der hohe Kranke bietet die empirisch klaren Erscheinungen einer functionellen Neurose des Centralnervensystems im Sinne einer Neurasthenia cerebrospinalis.

Die Symptome, auf welche sich diese Diagnose gründet, sind:

Rasche körperliche u. geistige Ermüdung, Gefühl allgemeinen Nachlasses der Kräfte u. schweren Krankseins, das in Befürchtungen eines drohenden Typhus sich dem Bewusstsein geltend macht, Gefühle von Schwindel und Druck im Kopfe, schlechter, ungenügender, unerquicklicher Schlaf während der Nacht bei grossem Schlafbedürfniss bis zur Schlafsucht unter Tags. Grosses körperliches u. geistiges Ruhebedürfniss, erschwertes Athmen bei geringster Anstrengung.

<page 2>

Anlässlich stärkerer Anstrengung (Jagd) traten in den letzten 8 Tagen 2 heftige Anfälle von febris nervosa auf mit acuter Exacerbation der neurasthenischen Beschwerden.

Als objective Symptome sind anzuführen: ein mässiger Grad von Anaemie, ein Vorwiegen der Fettbildung im Körper, im Zusammenhang mit der Anaemie jedenfalls eine Stoffwechsel- und Ernährungsstörung andeutend; matter Ausdruck der Augen, leidende Gesichtszüge, beständiges Erblassen u. dann wieder Erröthen der Gesichtshaut, grosse Empfindlichkeit gegen kühle Temperatur, dumpfe Herztöne, Fehlen der Patellarreflexe.

Irgend welche Zeichen eines organischen Leidens sind bestimmt nicht vorhanden, ebensowenig Störungen von Seiten der vegetativen Organe.

Aus den Mittheilungen des hohen Patienten geht hervor, dass eine

Veranlagung zu nervöser Krankheit nicht bestehe, dass die Lebensweise eine streng regelmässige war. Als einzige Ursache des Leidens werden andauernde und tiefe Gemüthsbewegungen angegeben, eine Ursache, die allerdings nach wissenschaftlicher Erfahrung eine der häufigsten für die Entstehung derartiger Nervenleiden ist und für sich allein, selbst bei bester Veranlagung und kräftigster Constitution wirksam werden kann. Es muss betont werden, dass der gegenwärtige Zustand ein ungefährlicher einer Heilung vollkommen zugänglicher ist u. zwar in verhältnissmässig kurzer Zeit - aber unter der Bedingung, dass die Ursachen, welche diesen immerhin dem Patienten peinlichen Zustand hervorgerufen haben, dauernd in Wegfall kommen.

Andernfalls muss die Möglichkeit zugegeben werden, dass sich daraus ein

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chronisches Nervenleiden entwickelt.

Als therapeutische Rathschläge unter obiger Voraussetzung erlaubt sich der Unterzeichnete folgende zu skizziren:

Vorläufig Landaufenthalt in waldreicher Gegend, viel Aufenthalt in frischer Luft, gute Ernährung, bei öfterer Zufuhr von leicht verdaulicher Nahrung, reichlicher Genuss eines guten alten Rothweines, längeres Verweilen im Bette oder auf der Chaise-longue, wenig Rauchen, Enthaltung von geistiger und körperlicher <<ein Wort gestrichen>> Anstrengung, Gebrauch des Syrup Fellow hypophosph. comp. 1 Caffeelöffel 2mal täglich vor den Hauptmahlzeiten, in einem Weinglase Wasser verdünnt.

Beruhigung des Nervensystems und Beförderung des Schlafes durch abendliche laue Vollbäder (27-25 R) 15-20 Minuten, Anlegung einer Priessnitzbinde während der

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Nacht, Abklatschungen mit dem nassen Leintuche morgens nach dem Verlassen des Bettes. Temperatur 24-28 R. jedenfalls so dass kein anhaltendes Frösteln und baldige Erwärmung eintritt. Sollte der Schlaf bei reichlichem Genuss von Wein nicht ausgiebig eintreten, auch nicht durch die obigen hydropahtischen Procedures genügend erreichbar sein, so wäre zu versuchen Nats. bromat., Magnes. bromat. aa 2,0 in einem Glase Wein genommen. Noch wirksamer wäre Paraldehyd 20,0 tr. Amant. Supl. <?> 30,00 Gr <?> davon 2-3 Caffelöffel voll in einem Glase Zuckerwasser genommen. Erfolg ziemlich sicher, Geschmack u. Geruch des Mittels unangenehm, aber das Mittel absolut unschädlich.

Nachdem das Befinden gebessert, möge statt der Abklatschungen

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Morgens von Abreibungen mit dem nassen Leintuche Gebrauch gemacht werden (Temp 22-17 R.) ferner von Halbbad mit Uebergiessen u. Frottiren im Bad (Temp. 24-19 R. Dauer 6-4 Minuten) 1mal täglich.

Während das diätetische Regime das gleiche bleibt, möge nun statt des Fellow-syrup gebraucht werden: Levicowasser (aus Tirol) 1 1/2 - 2 Esslöffel in einem Weinglase Wasser verdünnt 2mal täglich an der Mahlzeit genommen. Auch electriche Massage wäre sehr zu empfehlen.

Von Anfang Juli ab wäre als Nachkur ein Seebad erwünscht. Bei vollkommen gekräftigtem Allgemeinbefinden wäre allen andern ein Nordseebad (Norderney, Borkum, Sylt) vorzuziehen. Andernfalls wäre das milder wirkende Ostseebad (mangelnder Wellenschlag!)

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empfehlenswert.

Bevor der hohe Kranke nicht vollständig wieder hergestellt ist, sind Jagden und andere mit körperlichen Strapazen verbundene Leistungen entschieden zu widerrathen.

Schloss Gaurbitz <?> 19 Mai 1887

Dr Freiherr v. Krafft-Ebing  
K.K o.ö. Univ-Professor.

English translation: report on Paul von Mecklenburg by Krafft-Ebing

<page 1>

His Highness Duke Paul of Mecklenburg had granted today the signer of this report the honour of a consultation for a painful condition. After a careful examination the following was found: The royal patient presents with the empirically clear signs of a functional neurosis of the central nervous system in the sense of a neurasthenia cerebrospinalis.

The symptoms upon which this diagnosis is based are the following:

Rapid physical and mental fatigue, the feeling of general loss of strength and severe illness, which forces itself upon the consciousness in the form of fear of impending typhus, feelings of dizziness and pressure in the head, bad, insufficient and unrestful sleep during the night whilst there is a great need for sleep - bordering onto drowsiness - during the day. Great desire for physical and mental rest, difficult breathing with the slightest exertion.

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On the occasion of stronger exertion (hunting) there occurred during the last 8 days 2 distinctive fits of febris nervosa with acute exacerbation of neurasthenic suffering.

Objective symptoms to be recorded are the following: a modest degree of anaemia, a preponderance of fat tissue in the body, which in connection with the anaemia points towards a metabolic disorder or a disorder of nourishment; a dim expression of the eyes, pained facial features, recurrent pallor followed by blushing, great oversensitivity for cool temperatures, dull cardiac rhythm, lack of patellar reflexes.

There are certainly no signs of an organic disease nor are there disorders of the vegetative organs to be found.

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The reports of the royal patient indicate that there is no predisposition to nervous disorder, that the way of life was (furthermore) strictly regular. As the sole cause of the suffering can be found lasting and deep emotional derangements, a cause which is, however, according to scientific experience, one of the most frequent of such nervous disorders and which can act on its own even in the best preconditions and in the strongest constitutions. It must be stressed that the present condition is completely without danger and fully accessible to a cure, indeed to a cure within a relatively short period of time - but on condition that the causes which have brought about this condition, which is after all, highly disturbing for the patient should be removed.

Otherwise the possibility of the development of a chronic nervous disorder cannot be denied.

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Given this above mentioned condition, the signer of this report takes the permission to sketch out the following therapeutical advice: For the time being sojourn in the countryside in a region with forest, plenty of exposure to fresh air, good nourishment with frequent intake of easily digestible food, ample intake of a good old red wine, long rests in bed or on the chaise-longue, little smoking, abstinence from mental and physical exertion, use of the Fellow's syrup hypophosph. comp. 1 coffee-spoon twice daily before the main meals dissolved in a wine glass of water.

Calming of the nervous system and incentive of sleep with nightly full baths (27-25 R) 15-20 mins. use of a Priessnitz bandage during the night,

<page 5>

on leaving the bed in the morning rubbing with wet linencloth. Temperature 24-28 R., however in such a way that there is no lasting cold feeling and quick warming up. Should sleep not occur after ample drinking of wine nor after the above described

hydropathic procedure, then Natrium bromat. Magnes. bromat, about 2.0 gr taken in a glass of wine could be tried. Even more effective would be Paraldehyd 20.0 drops of Amant. Ampel <?> 30.0 gr <?> of that 2-3 coffee-spoons taken in a glass of sugar water. Effect quite certain, taste and smell of the remedy disagreeable, but the medication is absolutely without danger. After improvement of the condition, maybe rubbing instead of beating with a wet cloth in the mornings. (temp. 22-27 R.)

<page 6>

Furthermore showering in a sitz-bath with rubbing down (temp. 24-19 R), duration of 6-4 mins, once daily. Whilst the diatetic regime should be kept up like this, there should now be used Levico-water (from the Tirol) 1 1/2 - 2 soup-spoons dissolved in a glass of water, twice a day with the meals instead of Fellow's syrup. Also electrical massage can be recommended.

As from July, by way of a convalescence, a stay at the seaside would be desirable. If the general condition is completely restored, a rest on the North sea would be preferable (Norderney, Borkum, Sylt). otherwise a rest on the milder Baltic (less waves!).

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Hunting trips and other physically exhausting enterprises are distinctly advised against till the the royal patient is completely restored.

castle Gaurbitz <?> 19th May 1887

Dr. Freiherr v. Krafft-Ebing  
Ordinary University professor.

3) 1.7.1888 <year deduced, relates to publication on Ilma S.><sup>1</sup>

Correspondenzkarte Krafft-Ebing's an Oberwärter Glasy  
(? or Glaser), 2 S.  
ÖNB Autogr. 213/61-2.

<page 1>

*Correspondenz-Karte*  
An Herrn Oberwärter Glasy <oder Glaser>  
wohlgeboren  
..... <unleserlich>

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<sup>1</sup> Krafft-Ebing (1889) Eine experimentelle Studie... p 81.



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Graz 1.7. Geehrter Herr!  
Sie werden mich zu grossem Dank  
verpflichten wenn Sie die Güte  
haben uns ehemöglich einen genauen  
Bericht zu erstatten wie sich Ilma  
S. kürzlich <?> auf der Reise verhalten  
hat und wie sie bei der Ankunft in  
der Anstalt war, da ich sie die Reise  
in einem hypnotischen Zustand  
machen liess      achtungsvollst  
Prof v Krafft

4) <no date, must be during Graz period i.e. before 1889>.

Brief Krafft-Ebing's an einen Verlag/Drucker, 2 S.  
BSB Autogr. Krafft-Ebing.

<page 1>

Krafft-Ebing      Dringend  
                         Gehirn und Seele

Abnahme  
für nächste Nr

<page 2>

Löbl. Redaktion !  
Ihrem Wunsche entsprechend habe  
ich, anknüpfend an die mir  
zugesandte Korrektur von Ziehen  
vorstehendes geschrieben und stelle es  
zur Verfügung. Da ich befürchten  
muss, dass der Setzer meine Schrift  
schlecht liest, bitte ich um Unterlassung  
der Korrektur.  
hochachtungsvoll  
Dr. v Krafft Ebing  
Graz Kreisbachgasse 4

5) <no date, written from Vienna, i.e. between 1889-1902>.

Karte Krafft-Ebing's an Unbekannt, 2 S.  
ÖNB Autogr. 213/61-4.

<page 1>

<the *italised text* is part of a printed professional  
card with practice hours>

*Dr. R. v. Krafft-Ebing*  
*k.k.o.ö. Professor der Psych. u. d. Nervenkrankheiten*  
und Frau danken herzlich für  
Ihre duftige Spende zum  
*Mo. Mi. Sa. 2-3 Uhr*      *IX Maximilianplatz 4, I. Stock*

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<page 2>

Weihnachtsbaum und senden  
ihre Glückwünsche zum  
Beginn eines neuen Jahres.

**6) 14.3.1893**

**Kartenbrief Krafft-Ebing's an Frau Dr. Hofmeier, 2 S.  
BSB Schulteana 25,20.**

<page 1>

*Karten-Brief*  
*An* Hochwohlgeborene  
Frau Dr. Hofmeier  
in Wien IV Bezirk  
Heugasse N: 68

<page 2>

Wien 14.3.93  
Gnädige Frau!  
Im Auftrag meiner Frau, die Catarrh  
hat und zu Bett liegt, beehre ich mich  
Ihre gütigen Zeilen zu beantworten.  
Leider ist es nicht denkbar, dass meine  
Frau bis Samstag wiederhergestellt ist  
und ich habe eine Sitzung in der  
Universität, deren Ende nicht abzusehen  
ist.  
Da müssen wir wohl auf Ihre  
gütige Einladung traurigen  
Herzens verzichten !  
Mit freundl. Gruss von Haus zu  
Haus und ergebensten Empfehlungen  
an Ihren Herrn Vater, dessen  
Bekannntschaft auch mir sehr erwünscht  
gewesen wäre, hochachtungsvoll  
Prof v Krafft Ebing

7) 27.9.1893 (?), gestempelt.

Postkarte Krafft-Ebing's an seinen Sohn Baron H. v. Krafft-Ebing, 2 S.

Karlsruhe: Autograph Krafft-Ebing.

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<page 1>

(Stempel: 27.2.93)

*Deutsche Reichspost*

*Postkarte*

An Herrn Baron H. v. Krafft Ebing

in Wien

*Wohnung (Strasse und Hausnummer) IX Maximiliansplatz 4*

<page 2>

Carlsruhe, Montag früh.

L. Hans! Dank für

Briefe. Tante und Mama

geht es gut. Ich fahre

morgen Dienstag früh

11:40 nach Wien und

hoffe Mittwoch früh

zum Caffee bei Dir

zu sein.

Dein treuer Vater

RKrafft-Ebing

8) 6.12.1893

Kartenbrief Krafft-Ebing's an Herrn Otto Eitenschitz (?),

Schriftsteller, 2 S.

ÖNB Autogr. 469/16-1

<page 1>

*Karten-Brief*

An Herrn

Otto Eitenschitz

Schriftsteller

in Wien

IX Hörlgasse 15

<page 2>

Wien 6.12.93

Hochgeehrter Herr !

Besten Dank für Ihr interessantes  
feuilleton über Lombroso !

Ihr Besuch ist mir sehr

willkommen. Sicher treffen  
Sie mich jeden Wochentag  
gegen 3 Uhr zu Hause an.  
Hochachtungsvoll  
Dr v Krafft Ebing  
IX Maxim platz 4

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**9) 26.2.1894**

**Brief Krafft-Ebing's an einen Freund (Unbekannt), 4 S.  
ÖNB Autogr. 469/16-2.**

<page 1>

Wien 26.2.94

Lieber Freund !

Deinen Brief hebe ich mir als  
Zeichen Deiner wahren und  
treuen Freundschaft auf. Er hat  
mich sehr gefreut. Stichtl <? unklare Lesung, Stichtl wäre sinnvoll>  
hat übrigens meine Stimmung  
zu grell geschildert. Ich sagte  
ihm nicht, dass ich Knall u. Fall  
demissioniren wolle, sondern  
nur dass mir Wien mit seinem  
Russ, Staub, Wind, Mangel  
an Spaziergängen für mich  
und Familie, der elenden  
jedem Humanitätsgefühl hohn-  
sprechenden Klinik und  
dem bureaukratischen Geist  
der im Krankenhause herrscht,

<page 2>

gründlich verleidet sei, nicht  
zu vergessen das Judenthum  
auf das man hier überall  
stösst.

Mein Plan war und ist in  
2 Jahren, nachdem ich 50  
Semester academischer Lehrer  
war, zurückzutreten, mich  
etwa in Salzburg niederzulassen,  
der Familie, Natur, meinen  
wissenschaftlichen Liebhabereien  
zu leben und literarisch aus  
meinen <....?> angehäuften  
Schätzen (etwa 1500 Kranken-  
geschichten !) noch manches  
heraus zu schlagen.  
Für die hiesigen Kliniken

ist in den nächsten 10 Jahren  
nichts zu erhoffen. Es fehlt  
nicht bloß an Geld sondern

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<page 3>

auch an vielem Anderem.  
Einer etwaigen Rückberufung  
nach Graz hatte ich mich  
nicht ablehnend verhalten  
und dem Ministerium und  
Wien gegenüber darin eine  
Genugthuung gefunden, aber bei  
ernstlicher Erwägung möchte  
ich doch nicht in Versuchung  
geführt werden, schon deshalb  
nicht um Anton in Innsbruck  
und Mayer (Wien) für Innsbruck  
nicht den Weg zu vertreten.  
Ich bitte also in dieser Hinsicht  
keine Schritte zu thun, denn  
ich wäre schwach genug, eine  
Berufung anzunehmen und  
würde doch am Ende nicht  
mehr in die Grazer Verhältnisse  
hineinpassen.

<page 4>

Danke Du Gott, dass Dir Wien  
vorenthalten blieb. Sässe ich  
noch in Graz Goethestr 10, ich  
würde, nach den Erfahrungen, die  
ich hier gemacht, froh darum sein.  
Ich werde Deinem Rath folgen,  
aber man muss sein Humanitäts-  
gefühl u. sein redliches Streben  
etwas zu leisten unter den  
elenden Verhältnissen meiner  
Klinik, dem Schandfleck von  
Wien, geradezu abtödten.  
Ethische Opfer sind aber die  
allerschwersten, dann man opfert  
dabei ein gut Theil seiner  
eigenen ethischen Substanz <?>.  
Ich gehe wahrscheinlich zum Congress  
nach Rom und nach Corsica.  
Vom 23/3 - 8/4 werde ich  
wohl von Wien abwesend sein.  
Auf baldiges Wiedersehen !  
Mit herzl. Gruss von Haus zu Haus  
in treuer Freundschaft Dein  
RvKREbing <?>

English translation: letter of 26 February 1894 to a friend (unidentified).

<page 1>

Dear friend!

I shall keep your letter as a sign of your true and deep friendship. I much enjoyed it. Incidentally Stichl <? unclear reading, this would make sense>

has painted my emotional state exaggeratedly. I did not tell him that I wanted to retire from one day to the next, but only that I am thoroughly fed up with Vienna with her soot, dust, wind, lack of walks for me and my family, her miserable clinic that sneers at every humane feeling and the bureaucratic spirit that rules in the hospital -

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not to mention the Jewishness which one is confronted with everywhere. My plan has been, and still is, to retire in 2 years, after I have been an academic teacher for 50 semesters; to settle perhaps in Salzburg, to live for my family, nature, my scientific hobbies and to exploit a little more my piled up treasures (about 1500 case histories!). There is no hope for the clinics here. There is a lack not only of money, but

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of many other things.

I had not resisted a probable call back to Graz and have found some satisfaction in it <using the idea> against the ministry here in Vienna, but thinking seriously I would not want to be tempted, if only in order not to spoil the chances of Innsbruck of Anton (in Innsbruck)

and Mayer's (in Vienna) for Innsbruck. I therefore beg you not to initiate any steps, for I might be weak enough to accept a call and then in the end not fit in again with the

conditions in Graz.

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Do thank God that you  
escaped Vienna. Given my experiences here  
I would be happy if I was  
still in Graz, Goethestrasse 10.  
I shall take your advice, but one has  
to more or less kill off one's feelings of  
humanity and one's earnest desire to achieve  
something under the miserable conditions  
of my clinic, that eyesore of Vienna.  
Ethical sacrifices are the worst, for one  
loses a fair amount of one's own  
ethical substance <?>.  
I shall probably go to the congress  
in Rome and to Corsica.  
I shall be out of Vienna probably  
from 23/3 to 8/4.  
See you soon!  
With cordial greetings from house to house  
in true friendship yours  
RvKREbing <?>

10) 25.3.1897

Kartenbrief Krafft-Ebing's an Geh.rat Professor Dr.  
Ebstein, Göttingen, 2 S.  
Göttingen: Ebstein I, 67a.

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*Karten-Brief*

An Herrn

Geh. rath Professor Dr. Ebstein

Universität

in Göttingen

Provinz Hannover

<page 2>

Wien 23.3. Hochgeehrter Herr College !  
Zu meinem grossen Leidwesen bin ich  
so sehr mit Berufsgeschäften überhäuft  
und in literarische Unternehmungen  
verwickelt, dass ich nicht daran denken  
darf, mich bei Ihrem Handbuch der  
practischen Medizin zu betheiligen.  
Ich wünsche Ihnen zum genannten  
Unternehmen besten Erfolg, danke

für die mir erwiesene Ehre  
und verbleibe in collegialer  
Hochachtung  
Ihr  
Dr v Krafft Ebing

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11) 1899, Stempeldatum (?)  
Kartenbrief Krafft-Ebing's an Frl. Martha Holdorff., 2  
S.ÖNB Autogr. 367/36-1.

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*Karten-Brief*  
An Fräulein  
Marthe Holdorff  
Villa Schufler, Doitorberg 12  
in Berchtesgaden

<page 2>

Wien <durchgestrichen> Aigen Villa Flora 19.1.  
Gnädiges Fräulein ! Empfangen Sie  
verbindlichen Dank für Ihre Karte !  
Von morgen an werden sich unsere Blicke  
oft nach Berchtesgaden wenden und hoffen  
wir Sie mit Ihrer Frau Mutter bald doch  
begrüssen zu können. Wir sind mit unserem  
Aufenthalt hier sehr zufrieden. Meine Frau  
ist mit Grete bereits am 15. hier  
angelangt. Hoffentlich ist Ihnen der  
Himmel künftig günstig gesinnt. Vorläufig  
sehen wir das Berchtesgadener Land  
nur in dichten Nebelmassen. Ihrer  
gütigen Erlaubnis gemäss werde ich  
Ende d.M. eine Sendung aus Breslau,  
für mich bestimmt, an Ihre Adresse gelangen  
lassen. Sie haben wohl die Güte die  
Nachnahme für mich auszulegen.  
Mit freundlichen Grüßen von Haus zu Haus  
Ihr ergebener  
Dr v Krafft Ebing



12) undatiert <deduced: 1902>

Brief Krafft-Ebing's an Magnus Hirschfeld, 2 S.  
Hirschfeld published this letter in his journal *Jahrbuch für sexuelle Zwischenstufen* (5), 1903, first page.

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Graz Kreisbachgasse 4  
Werther Herr College !  
Angenehm überrascht und zu  
grossem Dank verpflichtet haben  
Sie mich durch Zusendung  
des 4. Bands des Jahrbuchs.  
Der Inhalt ist sehr reichhaltig  
und gediegen.  
Sehr gerne möchte ich Ihnen  
für den V Band einen  
Beitrag schicken, aber ich  
bin kränklich, sitze hier  
in Pension, muss mich  
sehr schonen, könnte unmöglich  
bis 1.1.03 Ihnen dienen

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und wüsste auch nicht, was  
Ihnen im Interesse der guten  
Sache erwünscht wäre.  
Vielleicht senden Sie mir  
einmal mit <...?>  
ein Thema, das Sie beurtheilt wünschen.  
Auf alle Fälle lege ich  
auf meine weitere  
Mitarbeiterschaft stets Wert.  
Mit freundl. Gruss  
Ihr dankbarer  
RvKrafft Ebing

13) 23.10.1902

Brief Krafft-Ebing's an Freund (Unbekannt), 3 S.  
ÖNB Autogr. 146/38-1,2.

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Graz Kreisbachgasse 4  
Lieber Freund !  
Besten Dank für Deine Zeilen ! Ich  
hätte Dir gerne schon längst geschrieben  
aber ich war nicht in der richtigen Verfassung.  
Meine Neuralgien plagten mich fast

täglich und seit Juli musste ich auf Aspirin, das mir <sic> das letzte Semester Wien so gut bestehen half verzichten, weil man eine chron. Salicylvergiftung mit starker Albuminurie als Folge des Aspiringenusses, der angeblichen Rose ohne Dornen entdeckte. Seither führe ich kein beneidenswerthes Dasein, habe aber die Aussicht wenn ich recht brav bin,

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im Laufe des Winters zu genesen. Sonst wäre Graz schön und ganz meinen Erwartungen entsprechend. Einstweilen führe ich ein krüppelhaftes Dasein. Meine Frau hat mir seit Jänner 1901 <?oder 00> schwere Sorgen im Sinne einer chron. Nephritis gemacht. Gottlob handelt es sich nur um eine chron. Pyelitis mit umschriebener Betheiligung der Niere und Aussicht auf milden Verlauf. Im Januar wollen wir nach dem Süden. Hoffentlich sehen wir uns vergnügt auf Brioni wieder. Meine Arbeitsfähigkeit ist sehr beschränkt und durch Vorbereitung des Lehrbuchs der Psychiatrie 7. Aufl. und Psychopath. sexualis 12. Aufl.

überreichlich in Anspruch genommen.  
Privatpraxis treibe ich fast keine.  
Leid thut es mir, dass ich vorerst nicht  
nach Wien kann und für den Verein  
nichts zu thun vermag.  
Ich hoffe dass es Dir nach Wunsch  
geht und Du rüstig an der Arbeit bist.  
Nimm Dir ein Beispiel an mir und  
berücksichtige das "ne quid nimis."  
Es war Zeit, das ich zurückgetreten bin.  
Hoffentlich komme ich auch wieder auf  
den Damm - aber wann ?  
In alter Treue, mit herzl. Gruss  
Dein  
R v Krafft Ebing